

Winter 2010

Jefferson Alumni Bulletin – Volume 59, Number 1, Winter 2010

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Jefferson

ALUMNI BULLETIN

JEFFERSON MEDICAL COLLEGE • THOMAS JEFFERSON UNIVERSITY • WINTER 2010



Patient-
Centered
Medicine
Finds a Home

Message from the President



Robert L. Barchi, MD, PhD

Last week, more than 1,300 American men with prostate cancer chose robotic-assisted surgery over laparoscopy, some because their surgeons recommended it and others because they demanded it.

Was it worth \$1,500 extra for each operation? No one knows for sure.

Make no mistake: From their experience, the physicians at Jefferson and their colleagues across the country strongly believe robotic-assisted prostate surgery results in shorter hospital stays, lower transfusion rates and fewer complications, expensive factors that could make \$1,500 a bargain in the end. But no research has been conducted to provide proof.

Too often today – when technological breakthroughs lead to new and expensive treatments virtually every month – American physicians possess only anecdotal information and not evidence-based studies to guide their choices. In some cases, additional pressure comes from patients susceptible to ads touting unproven benefits and media stories highlighting “miraculous” cases.

The White House, fully understanding the costly ramifications of the situation, included \$1.1 billion in the economic stimulus package last year for research on comparative effectiveness. The federally sponsored research, involving literature reviews and head-to-head trials covering a range of conditions and diseases, will attempt to answer one question: Is treatment A or treatment B more effective?

In many cases, the research will give physicians clear guidelines, quieting complaints about expense in some areas and saving money in others. But in at least a few instances, the answers will produce only more questions. What if treatment A is a bit better than treatment B but costs 10 times more? Is extending a person's life a few weeks worth \$150,000? How much is an extra year worth?

In the past, any discussion in the United States weighing clinical effectiveness against cost has produced a political maelstrom, with Americans angrily and indignantly demanding care at any price. But, in reality,

healthcare decisions in the United States already are made by two bureaucracies – the insurance industry and the U.S. Department of Health and Human Services as the guardian of Medicare and Medicaid. And they make those decisions in a vacuum, deciding how much they will pay for any given treatment with little evidence about what works.

Several European countries already make systematic, evidence-based decisions about care. In Great Britain, the National Institute for Health and Clinical Excellence uses sophisticated analyses in reviewing and comparing treatments, and the institute's recommendations guide the National Health Service's decisions about reimbursements. Patients wanting alternative treatments pay themselves.

The process in Great Britain has not been without controversy. The decisions involve hard calculations about the quality and value of life and balancing what is good for the individual against what is good for society.

Congress designed the U.S. research program to provide hard evidence to guide medical decisions with the hope of also curbing healthcare costs. We have no choice. The burgeoning cost of health care in this country – \$2.5 trillion in 2009 – threatens our standard of living and the very strength of the country.

Last year, reportedly 86 percent of the 85,000 men who underwent prostate surgery chose robotic-assisted procedures at an additional cost to our healthcare system of \$110 million. Money well spent if we saved many millions more by avoiding complications. But we also need to know if it was money squandered. Science will give us the answer – and make us better physicians.

Sincerely,

A handwritten signature in blue ink, appearing to read "Robert L. Barchi". The signature is fluid and cursive, with a large, stylized "B" and "C".

Robert L. Barchi, MD, PhD
President

Thomas Jefferson University

On cover right to left: Anna Czerobski, medical assistant; George Valko, MD '86; Jamar Buckner, medical assistant; Karen Kitagawa-James, BSRN; and Marilyn Diaz, administrative assistant

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The Dean's Column

Discovery and innovation lie at the heart of Jefferson. For a leading medical school such as ours, generating knowledge is as important as disseminating it. By entwining research with education and clinical care in our mission, we attain a synergy that ensures the latest diagnostics and therapies are close to home for our patients and trainees alike.

Our graduates' achievements illustrate the emphasis we have placed on biomedical invention since the first days of the medical school: Edward R. Squibb, MD 1845, pioneered pure pharmaceuticals; Juan Carlos Finlay, MD 1885, identified mosquitoes as the vector for yellow fever; John H. Gibbon Jr., MD '27, developed the heart-lung machine; and Charles Kleiman, MD '67, (profiled on pages 30–31) invented the modern surgical stapler.

These examples highlight but a few of our past achievements. Developments over the last six months foreshadow many more in our future.

Through the federal stimulus program last year, the College received 45 research grants worth almost \$34 million, including five highly prestigious Challenge and Grand Opportunity grants (plus a sixth for the Jefferson Center for Applied Research on Aging and Health). These grants, outlined on page 24, focus on several areas of traditional research strength at Jefferson: diagnostic imaging, musculoskeletal disorders, chronic alcoholism and health problems in minorities.

Last fall the College raised the profile of discovery at Jefferson by creating the position of vice dean for research. The first to hold it, Leonard P. Freedman, PhD, a leader in nuclear hormone receptors, came from Wyeth Research to help us develop a coordinated strategy to better integrate the clinical expertise on campus with our basic and clinical research.

Next we created two new basic science departments, along with a new center of excellence, spanning neuroscience, regenerative medicine and computational biology.

The new Department of Neuroscience underscores a strength dating to the College's early years and the pioneer William W. Keen, MD 1862, the first U.S. surgeon to remove an intracranial tumor. Irwin B. Levitan, PhD, who chaired the

Department of Neuroscience at the University of Pennsylvania, leads the department and serves as director of the Farber Institute for Neurosciences. He will assemble a world-class team of neuroscientists to complement Jefferson's significant strengths in neurology and neurological surgery.

Establishment of the Department of Stem Cell Biology and Regenerative Medicine will empower the budding stem-cell research community at Jefferson. The department's founding chairman, Michael P. Lisanti, MD, PhD, who is also director of the Stem Cell Biology and Regenerative Medicine Research Center, will bring programmatic focus to this rapidly evolving field. For Lisanti's team, tumor stem cells and stroma are serving as an intriguing gateway to a new generation of cancer therapeutics.

Jefferson has now positioned itself at yet another scientific frontier by founding the Center for Computational Medicine. Isidore Rigoutsos, PhD, internationally recognized for his pioneering work in the discovery of patterns within high-density data sets, has joined us from IBM to serve as the center's founding director. At Jefferson, Rigoutsos will catalyze biomedical discovery that cuts across many fields, from genomics to cellular network analysis. In an era where a virtual avalanche of scientific data exists, those able to creatively mine information hold a great advantage.

Levitan, Lisanti, Rigoutsos and more than a dozen others are also taking on another mission for Jefferson – establishing research alliances beyond our campus to prestigious institutions in the United States and abroad. We have substantially strengthened our partnership with the University of Delaware over the past year, and additional collaborative partnerships, both regional and international, are in the offing. By sharing expertise and infrastructure across institutional boundaries, we will be better positioned to capture large-format federal grants and create new opportunities for translating our discoveries into the clinic.

Sustaining and nurturing a culture of discovery and innovation takes imagination and fortitude. These attributes are as plentiful today at Jefferson as they were when the College was founded in 1824.

Sincerely,



Mark L. Tykocinski, MD

Anthony F. and Gertrude M. DePalma Dean
Jefferson Medical College

By entwining research with education and clinical care in our mission, we attain a synergy that ensures the latest diagnostics and therapies are close to home for our patients and trainees alike.



Findings

Study Targets Scourge of U.S. Military

Jefferson researchers have discovered a way to prevent heterotopic ossification, a condition that can leave almost three-quarters of severely injured soldiers with intense pain, reduced mobility and local paralysis. The study, reported in the *Journal of Orthopaedic Research*, is expected to lead to clinical trials.

With heterotopic ossification, or HO, excessive bone forms in and around other tissues after a trauma. A recent U.S. Army study found that HO affects up to 70 percent of soldiers seriously wounded in combat, though it affects far fewer civilians.

"This is a major breakthrough," said Maurizio Pacifici, PhD, the primary investigator, director of orthopaedic research at Jefferson Medical College and the Anthony F. and Gertrude M. DePalma Professor of Orthopaedic Research. "We presented our

initial results at a recent U.S. Army Extremity War Injuries Symposium, and they have elicited great hope on the part of military physicians to finally have a way to stop HO in troops wounded in war."

"This is a major breakthrough."

– Maurizio Pacifici, PhD

HO begins when the body recruits progenitor and stem cells to an injured site, giving rise to cartilage tissue that turns to bone. One factor regulating the process is a protein in the nucleus of the progenitor cells

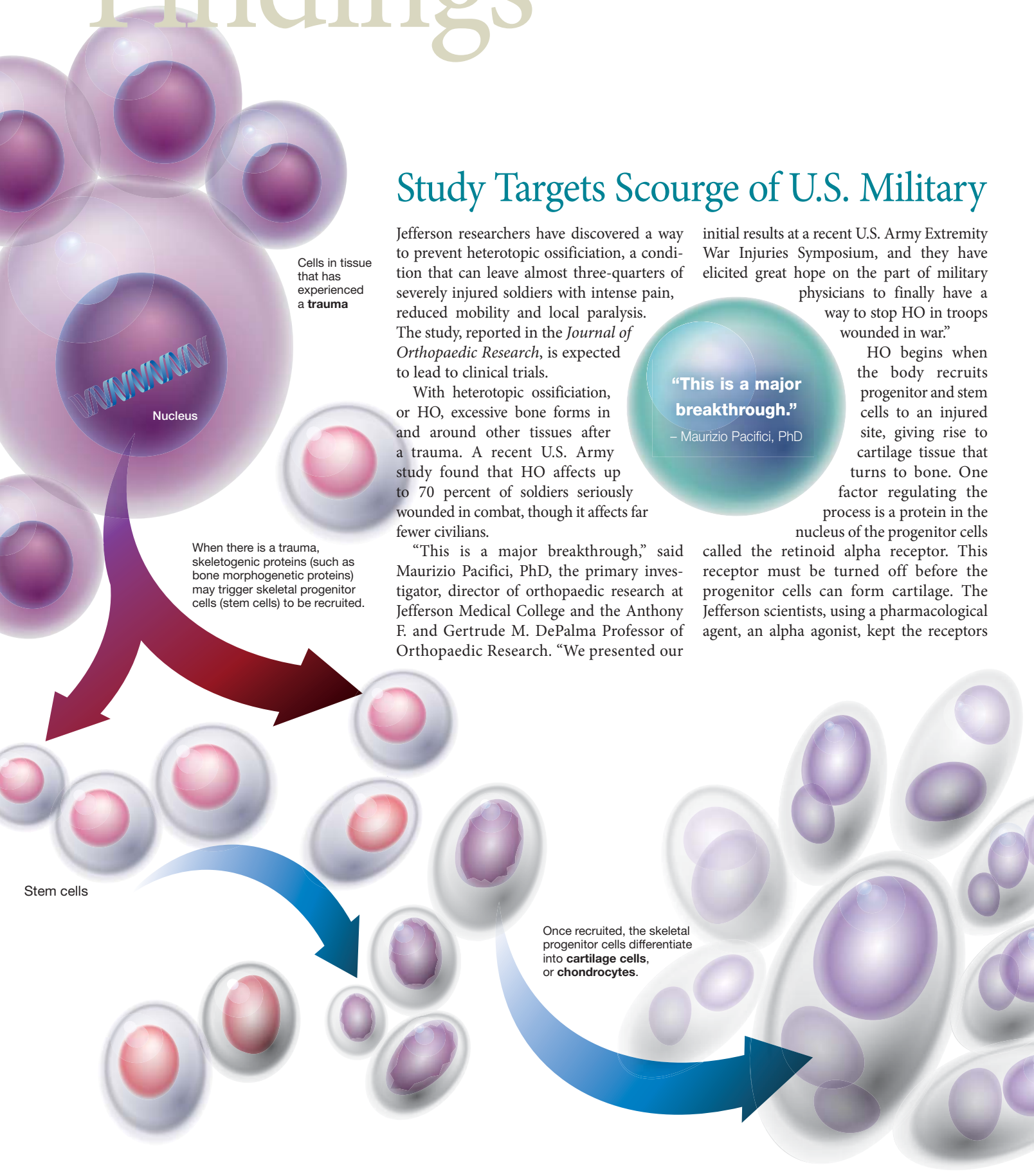
called the retinoid alpha receptor. This receptor must be turned off before the progenitor cells can form cartilage. The Jefferson scientists, using a pharmacological agent, an alpha agonist, kept the receptors

Cells in tissue that has experienced a **trauma**

When there is a trauma, skeletogenic proteins (such as bone morphogenetic proteins) may trigger skeletal progenitor cells (stem cells) to be recruited.

Stem cells

Once recruited, the skeletal progenitor cells differentiate into **cartilage cells**, or **chondrocytes**.



Active retinoids inhibit cartilage formation by penetrating the cell membrane and nucleus, binding to nuclear proteins or transcription factors. One such ligand dependent transcription factor is **RAR α** , or retinoic acid receptor alpha.

active in animal trials, stifling the initiation of the disease.

"The agonist we used in this case is an experimental drug that is not on the market yet but is being tested in Phase II human trials for another disease. We tested whether the drug could work to prevent HO, thereby looking for another application for the drug," Pacifici said.

HO treatments involving irradiation or anti-inflammatory drugs exist for the general population today but are not always effective and can produce side effects. Potential complications make the treatments unsuitable for wounded soldiers.

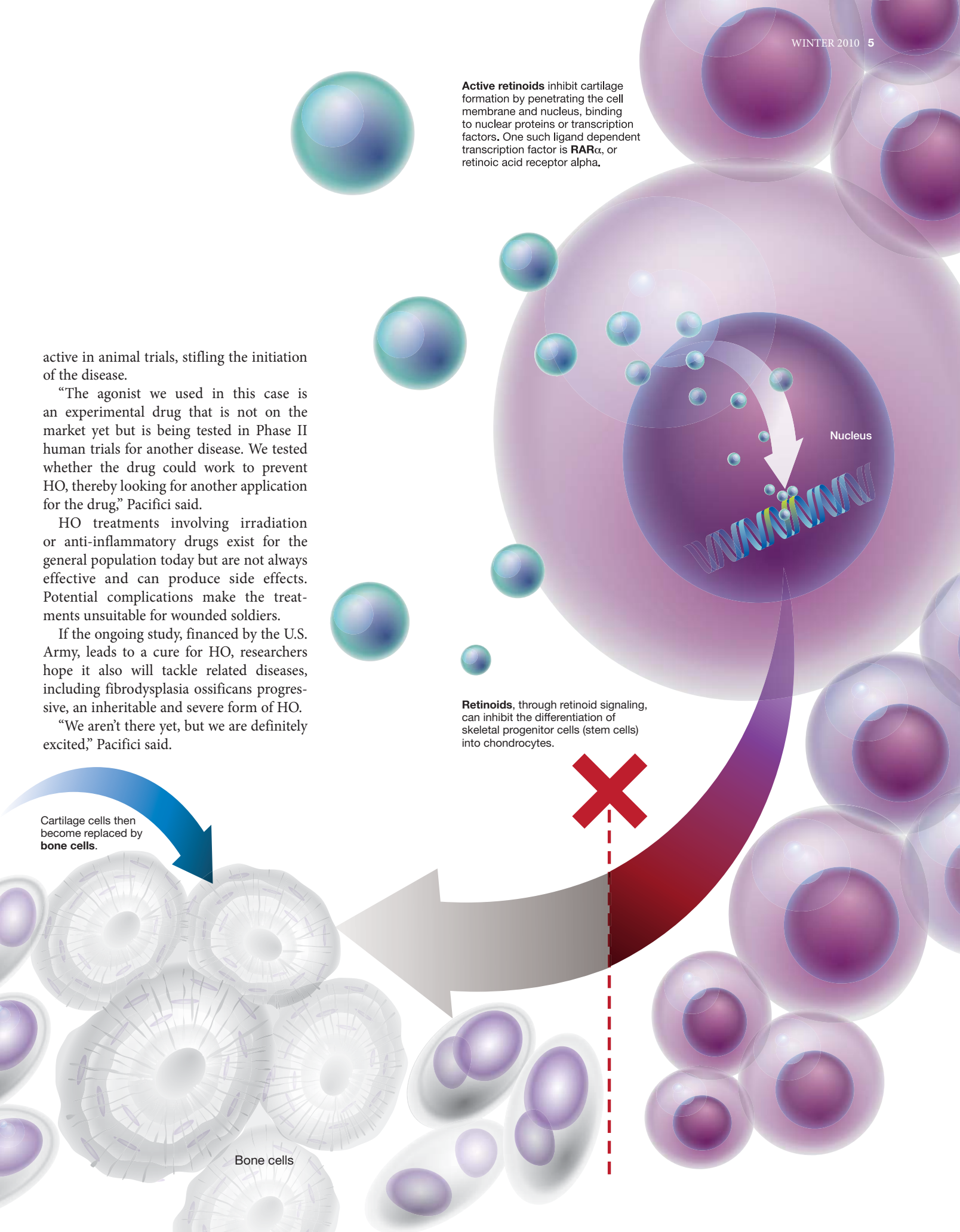
If the ongoing study, financed by the U.S. Army, leads to a cure for HO, researchers hope it also will tackle related diseases, including fibrodysplasia ossificans progressive, an inheritable and severe form of HO.

"We aren't there yet, but we are definitely excited," Pacifici said.

Cartilage cells then become replaced by **bone cells**.

Bone cells

Retinoids, through retinoid signaling, can inhibit the differentiation of skeletal progenitor cells (stem cells) into chondrocytes.



The Rewards and Challenges of Transforming Medicine: The Patient-Centered

A week before her regular diabetes visit, Mrs. Sutherland received a call from Dr. Snyder's office, reminding her about blood work the next day. The morning of the appointment, a nurse prepared a briefing memo about Mrs. Sutherland, listing the lab results the nurse had reviewed days earlier and noting changes along with recurring issues; in the exam room, she looked at Mrs. Sutherland's feet and talked at length about the patient's concerns, then added the information to the memo. Dr. Snyder spent just seconds scanning the note before greeting Mrs. Sutherland and spending 20 minutes covering medical issues only a physician could address.

Before leaving, Mrs. Sutherland stopped by reception to make sure the diabetes patient group would meet in a week and chatted with a nurse about a personalized handout she received. She stopped at her drugstore on the way home to pick up a prescription Dr. Snyder had sent electronically. Later, she e-mailed a question and got a reply within hours. In the meantime, the doctor dictated her notes for Mrs. Sutherland's file.

Mrs. Sutherland walked into the doctor's office at 9 a.m. and left at 9:40 a.m. Dr. Snyder ended the day knowing she had received a fair fee for the close attention she gave her patients.

Concept Holds Great Promise
"Patient-centered medical home" is one of the hottest

concepts in clinical medicine today, touted as a partial panacea for the nation's troubled health system and a savior for the field of family practice.

As the hypothetical experiences of Mrs. Sutherland and Dr. Snyder show, the concept sounds ideal: Physicians spending time on what they love – complex medicine – not chasing down information or undertaking administrative responsibilities; patients enjoying a close relationship with their doctor and staying healthy through regular visits and tests, group sessions and community resources; and insurance companies, benefiting from fewer ER visits and hospitalizations, passing the savings on to clinicians.

Despite the enthusiasm, few empirical studies have been undertaken to prove advanced patient-centered medical homes save money in the long run; few, if any, practices have been able to implement the ideal; and critical changes in payment systems seem eons away. Still, scores of practices are participating in medical home projects or trying to adopt facets on their own because of the promise the concept holds.

A preliminary report on the first national demonstration project, sponsored by the American Academy of Family Physicians, praises the concept but also warns that "transformation to a PCMH requires epic whole-practice re-imagination." The report goes on to express

concern that "current demonstration designs seriously underestimate the magnitude and time frame for the required changes, overestimate the readiness and expectations of information technology and are seriously undercapitalized."

George Valko, MD '86, medical director of the 70-physician Jefferson Family Medicine Associates, and Joseph Mambu, MD '73, who owns a three-physician practice in suburban Philadelphia, know the frustrations firsthand. Both are participating in a demonstration project sponsored by Pennsylvania and underwritten by insurance companies. Mambu's practice also was one of 36 in the national project, which ran from 2006 to 2008.

Noting the improved health of many patients, each says the benefits and the rewards outweigh the challenges.

"Even if the state or insurers don't see this as viable for them, I think we are going to continue it because it's so valuable to our patients and us," said Valko, who also serves as vice chair for clinical programs in JMC's Department of Family and Community Medicine. "It has clearly eased the burden for our physicians."

"This model promotes value over volume," said Mambu, who owns Family Medicine, Geriatrics and Wellness of Lower Gwynedd. "It is incredibly fun and fulfilling. This is why I went into primary care."

Medical Home

06/06/00 12:05:10
WAKEFIELD RADIOLOGY
B4

06/06/00 12:05:10
20W40 P80 6MHz

CN0
10cm
DR60
G 56

*health
relationships*

H100

11000

Evolving Over Decades

The concept “medical home” was first developed in 1967 by the American Academy of Pediatrics. The term originally involved little more than a central location for archiving a child’s medical record.

During the next four decades, the concept evolved into the far more encompassing “advanced patient-centered medical home” requiring a radical shift from an authoritarian, physician-centered practice to teamwork; the recommended use of expensive and complex technology; new tactics to involve patients in their own care; and new systems to communicate with patients and to schedule.

“Most current practice models are designed to enhance physician workflow,” the interim report about the first national project said. “The PCMH should be designed to enhance the patient experience. This shift requires a transformation, not an incremental change.”

The American Academy of Family Physicians, the American Academy of Pediatrics, the American College of Physicians and the American Osteopathic Association developed seven “Joint Principles of the Patient-Centered Medical Home” three years ago:

Personal physician: Each patient has an ongoing relationship with a personal physician trained to provide first contact, continuous and comprehensive care.

Physician-directed medical practice: The personal physician leads a team of individuals at the practice level who collectively take responsibility for the ongoing care of patients.

Whole-person orientation: The personal physician is responsible for providing for all the patient’s healthcare needs or for taking responsibility for appropriately arranging care with other qualified professionals.

Care is coordinated and integrated through registries, information technology, health information exchanges and other means to assure that patients get the care they need in a culturally appropriate manner.

Quality and safety are assured by a care planning process, evidence-based medicine, clinical decision-support tools, performance measurement, active participation of patients in decision making, information technology, a voluntary recognition process and quality improvement activities.

Enhanced access to care is available not only through face-to-face visits but also via telephone, e-mail and other modes of communication. This involves establishment of “open access scheduling,” a system that allows patients to get same-day appointments but also restricts their ability to make an appointment in advance.

Payment must “appropriately recognize the added value provided to patients who have a patient-centered medical home.”

For instance, payment should reflect the value of “work that falls outside of the face-to-face visit,” should “support adoption and use of health information technology for quality improvement” and should “recognize case mix differences in the patient population being treated within the practice.”

Requiring Radical Changes

Central to the approach is the premise that truly patient-centered care requires a fundamental shift in the relationship between patients and their primary care physicians, who must help their patients navigate a fragmented healthcare system by forging a much higher level of personalized care.

Physicians gain the time to develop a deep relationship with patients by assigning routine care to “team members” – physician assistants, nurses and even receptionists.

“The doctor isn’t burdened when he sees the patient,” Valko said. “Other members of the team have made sure the patient has undergone any tests that might be necessary. They’ve asked about all the routine information that we need to collect. After the exam, they make sure the patient understands his role in improving his health. It’s enormous for physicians to enter an exam room knowing they will concentrate on what they went to school to learn.”

As simple as developing teams might sound, no physician

should underestimate the difficulty in changing the culture of a practice, Mambu said.

"I was already heading in the direction of developing a team approach, and it was still very difficult to give up the reins of power, to let other people treat my patients," he said. "This requires a lot of communication, and doctors don't usually have time to talk. This takes change in the organizational dynamics and in behaviors. This is transformational."

The transformation also takes staff. Mambu's practice, which cares for 3,500 patients, started with three people in 2001. Today, the staff includes three physicians and an advanced nurse practitioner plus 2.25 support people for each provider, far fewer than the industry recommended 3.5 but enough in the small office to implement the concept.

Valko's office, which as part of an academic medical center is far less flexible than Mambu's practice, has added a quality care coordinator and several lower-level staff members. Valko, the Gustave and Valla Amsterdam Professor of Family and Community Medicine, works closely with Richard Wender, MD, chair of the department, to assure proper staffing, but Jefferson Family and Community Medicine has not yet reached the number of team members needed to fully implement key aspects of the medical home, meaning physicians still undertake some routine care.

Tracking 'Populations'

Another fundamental aspect of today's medical home involves looking at patients from a "population-based approach" to identify and track those with chronic conditions. The three-year Pennsylvania project, which started in 2008, focuses on diabetes in southeastern Pennsylvania. Jefferson Family and Community Medicine and Mambu's office pull lists to monitor their diabetes patients, calling those due for appointments or tests while identifying others eligible for group education sessions.

"We have already demonstrated that we have improved outcomes, improved blood pressure control, improved rates of getting appropriate blood tests and screening," Valko said. "We have improved our ability to teach patients about their illnesses, to set goals, to recall patients. We won't know until the end of the project if this has translated into lower costs."

"Members of the team have made sure the patient has undergone any tests that might be necessary. They've asked about all the routine information that we need to collect. After the exam, they make sure the patient understands his role in improving his health. It's enormous for physicians to enter an exam room knowing they will concentrate on what they went to school to learn."

— George Valko, MD '86

Valko and Mambu have extended the approach to include patients with hypertension and to incorporate preventive care. "The population-based approach has benefited all our patients," Valko said.

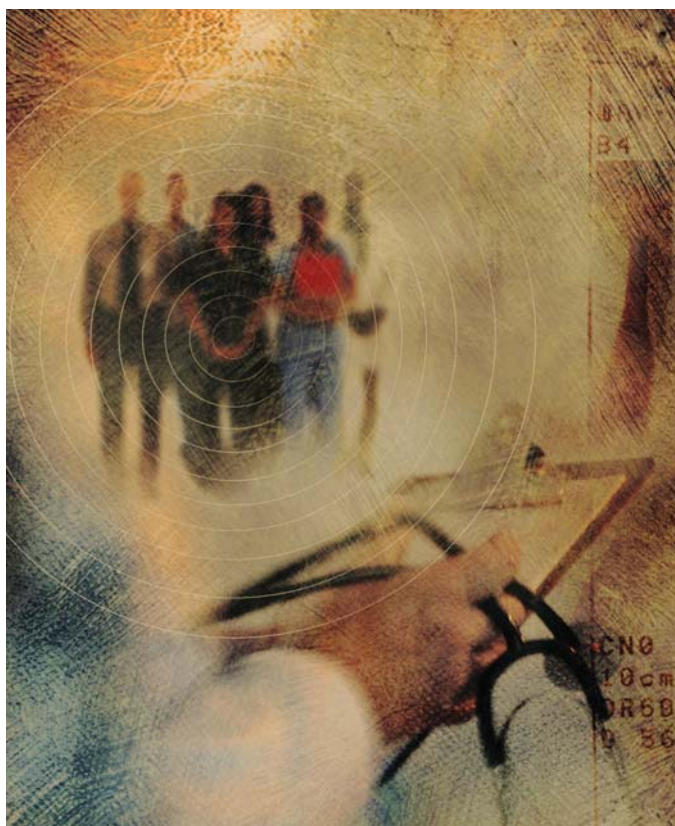
Shifting to Technology

Although the National Committee for Quality Assurance does not insist practices install an electronic records system for medical-home certification, many requirements would be virtually impossible to fulfill without it. Valko and Mambu consider it the most expensive and potentially most difficult single element to implement.

"This was a huge adjustment and a very expensive proposition," Valko said. "And the learning curve continues because new modules and enhancements come out all the time, requiring constant training."

Jefferson Family and Community Medicine purchased its system through the umbrella Jefferson University Physicians. Going with a central organization to implement the system offers advantages, including training, a help desk and the economy of scale. But it also has disadvantages – decisions must be made across all departments, so change comes more slowly. Valko was instrumental in the massive project of implementing the system for the entire organization.

Mambu and his staff, with the help of an adviser with the national project, sorted through the confusing array of systems



themselves before deciding on a vendor and beginning a year-long implementation process. He also trained a staff member as a “customizer” to help mold the system to his office’s ever-changing needs. The system cost \$150,000, an expense Mambu did not fully recoup until he joined the Pennsylvania project and began earning supplemental fees.

For his efforts, Mambu’s office comes as close to the ideal of a medical home as almost any in the country.

Through personal portals, patients exchange e-mails with the doctors and staff, check on lab results, schedule appointments and ask for prescription renewals. Mambu sends prescriptions electronically. His computerized disease management system automatically notifies patients when they are overdue for an office visit or diagnostic test. He has consolidated and expanded his nursing home practice by using the system to organize and group visits. The office took over billing, reducing the cost from 11 percent to 2 percent of the practice.

Mambu tracks the office’s effectiveness by analyzing reports the system produces. He also employs the online service Survey Monkey to track his patients’ satisfaction, making improvements when trends surface.

If a patient calls in the middle of the night, Mambu merely fires up his laptop instead of driving to the office to check records.

Both Mambu and Valko look forward to establishing a system of “electronic visits” where patients with non-emergency conditions can go online and respond to a series of questions designed to help expedite their care. Valko envisions a day soon when a patient who becomes ill while traveling will have his entire medical record available on the Web through a HIPAA-secure portal.

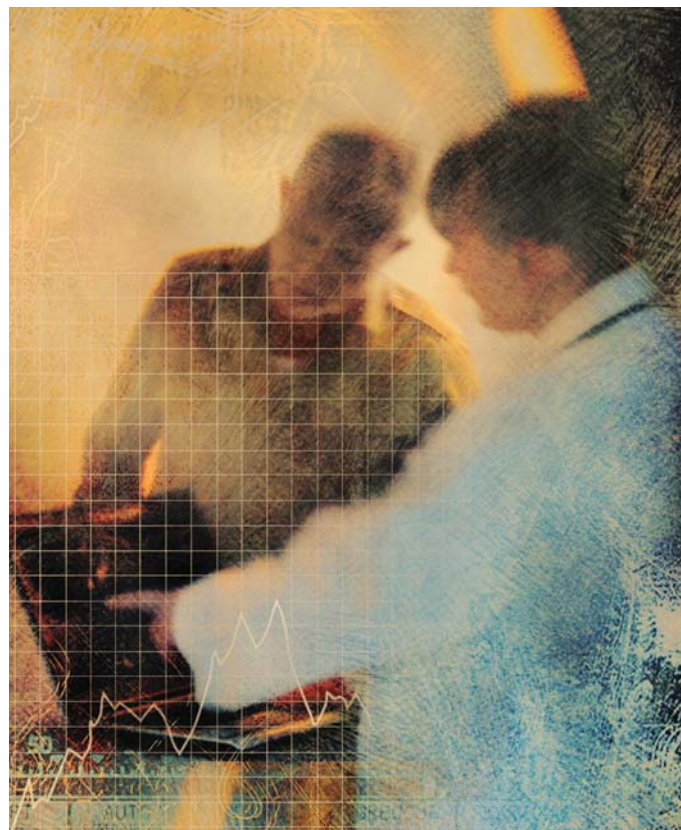
Who Will Pay?

“For a primary care practice, the medical home is a massive investment in time, personnel and money,” Valko said. “Without additional payment, it would be hugely difficult. Something has to give.”

Everyone in medicine agrees.

The medical home focuses on comprehensive care, including prevention and proactive intervention. Under today’s insurance system, physicians see little reward for keeping patients healthy, no matter how time consuming or intensive the treatment.

Some evidence of savings exists but largely with projects employing primarily the Wagner Chronic Care Model and not the additional nuances of the medical home. The Chronic Care Model, developed by Drs. Ed Wagner and Michael von Korff at the MacColl Institute for Healthcare Innovation, emphasizes that improved outcomes are the product of an informed, motivated patient and a prepared, proactive healthcare team.



“The doctor-patient relationship was the reason I became a doctor. Getting to know your patients and having them trust you, having them listen to you, letting them truly understand that you will advocate for them, that’s what you want to build. And that’s what has been seriously damaged by this volume practice.”

— Joseph Mambu, MD ’73

The Community Care of North Carolina – which provides care for state residents without significant insurance coverage – reports saving at least \$160 million per year by using the Chronic Care Model. An asthma program has reduced hospital admission rates by 40 percent and a diabetes program has improved quality of care by 15 percent.

The Pennsylvania project, which also relies heavily on the Chronic Care Model, was designed to quantify cost savings as well as track health results. The state was motivated to organize the project after calculating \$4 billion in potentially avoidable hospitalizations in 2007 because of just four acute conditions. The program has enlisted 173 medical practices with 869 physicians throughout the state. As of July, the practices cared for 43,675 diabetics and 12,654 children with asthma, the primary focuses of the project.

In southeastern Pennsylvania, where the state project began, statistics from the first year show

great promise: The number of diabetics with self-management goals increased 195 percent; the number of patients getting annual eye exams increased 71 percent; the number getting annual foot exams increased 142 percent; and the number of patients who lowered their cholesterol below 130 increased 43 percent.

With the hope of benefits translating into savings, the Pennsylvania project became the first in the country to gain the cooperation of all the major insurance companies operating in the state. The companies pay the practices supplemental fees of about 8 percent depending on a formula that includes the level of certification they have received from the National Committee for Quality Assurance. Mambu and Valko have received the highest certification, Level 3.

Valko's office has used the additional money to hire more staff members. Mambu also has used the money to pay off his electronic records system and to start a 401k for the office. Neither considers the fee large enough to offset the additional work and personnel required. And neither office has used the funds to increase the salaries of the primary care physicians, historically the lowest paid in medicine.

If the project shows significant savings for the insurance companies, Mambu questions whether primary care physicians will see fair fees.

"It's a scary time," he said. "Without the fees I would need to take a 10 percent cut in salary. And what about the people I hired to do this? What will happen to all the advances we've made?"

Mambu holds little faith in the federal government forcing changes in the fee system. He finds more hope in large corporations, weary of seeing insurance rates skyrocket, forming coalitions to support medical home practices. But, he said, he refuses to operate on hope alone: He and other physicians involved in the national project have been discussing a third alternative – forming a medical home network.

"We want to obtain nonprofit status so we can apply for grants to explore this model even further," he said. "We want to recruit other practices and help them implement the key components. We want to share economies of scale. And we want to collect outcome and cost data to force new payment methodologies."

What's At Stake?

George Valko sees nothing less than the future of family medicine – and the health of the nation – at stake. With research showing primary care providers playing a significant role in a patient's health, he and many others believe healthcare reform will rely heavily on family medicine. The field, with low pay and high frustration, has proved unattractive to students for years,

creating a shortage of primary care physicians.

"A lot of times students see us running around, getting paid little, working 16-hour days and beating our heads against the wall for patients who seem to care little," Valko said. "That's a perception we don't want.

"We have the chance to show students that a primary care practice can work, that the patient-centered medical home brings more sanity to the office and you can concentrate on the fun part – taking care of the patient. As a nationally known teaching site, we need to lead in finding a better way." ■

For more information about patient-centered medical homes, visit the American Academy of Family Physicians at www.aafp.org; TransformMED (www.transformed.com), the for-profit subsidiary the academy founded to help practices transform into medical homes; www.pcpcc.net for the Patient-Centered Primary Care Collaborative; and www.NCQA.org for the National Committee for Quality Assurance. Visit www.improvingchroniccare.org for more information about the Wagner Chronic Care Model.



Ruth T. Hai, first-year JMC student, and Lara C. Weinstein, MD '95, examine a patient at the Project H.O.M.E. St. Elizabeth's Community Center.

Beyond the Office:

Jefferson Focuses on Advocacy

Jim Plumb, volunteering at a Philadelphia clinic, carefully explained to a patient the dangers of her high blood pressure and how to control it – a common conversation for many primary care physicians. But then he paused, looked her in the eyes and went further than many others go.

“Is there anything that will keep you from following my advice?” The patient hesitated, then quietly said, “I can’t afford the drugs, and I don’t have time to exercise.”

Plumb reviewed discount medication programs at local pharmacies and helped his patient complete the paperwork. He also reviewed her daily routine, and together they devised a simple regimen to add exercise to her day.

“Going that extra step is time consuming, but I believe you need to do that for every patient,” said Plumb, MD ’74, MPH, professor in Jefferson’s Department of Family and Community Medicine and director of the Center for Urban Health.

Plumb practices individual advocacy, actively making sure nothing stands in the way of his patients getting the treatment they need. Less than a mile from Plumb’s office, Jefferson colleague Robert Winn, MD, embraces a broader form of advocacy, social activism, working to educate healthcare providers of the special needs of the lesbian, gay, bisexual and transgender communities. The medical profession sees both as increasingly important roles for physicians.

Advocacy and Medicine

Although not formally part of the Hippocratic Oath, advocacy has been embraced by physicians for almost two centuries, with early examples including Dr. Rudolf Virchow’s identification of social issues as the source of typhus in Prussia in 1848 and Dr. John Snow’s identification of a single water pump as the source of a cholera outbreak in London in 1854.

In 2002, the American Board of Internal Medicine, the American College of Physicians and the European Federation of Internal Medicine cemented advocacy’s place in medical practice with their publication of a physician charter calling for commitment to social justice and advocacy work.

The healthcare reform debate and a growing nationwide focus on the role poverty, race and education play in health have highlighted inadequacies in the U.S. system, according to Esther K. Chung, MD, MPH, associate professor of pediatrics and director of advocacy and community partnerships at JMC and the Alfred I. duPont Hospital for Children. Chung, along with Plumb, devised JMC’s first formal advocacy curriculum.

“Doctors are seeing more than ever before how patients are affected by social determinants of health and what they can do to help,” she said.

That help is taking many forms.

Efforts Support Low-Income Patients

Three teenagers assaulted William Twiggs, 51, in his Germantown neighborhood shortly after he was diagnosed with prostate cancer at a city health center in late 2006. A torn rotator cuff and broken right hand left him unable to work, but he lacked health insurance, making him hesitant to get care. A cousin led him to a nonprofit neighborhood health clinic, where he met Lara C. Weinstein, MD ’95, clinic co-founder and volunteer.

With Weinstein’s help, Twiggs obtained insurance through the Pennsylvania Medical Assistance Program, which later covered cancer treatment and follow-up care that Weinstein helped coordinate. She also linked Twiggs to resources for physical therapy and surgery related to his hand and shoulder injuries. Today, three years later, Twiggs continues to come to Jefferson for post-cancer monitoring and treatment for pain from his attack. Weinstein works to ensure that he retains his state-issued insurance.

“Especially in urban areas, doctors see many people in need of comprehensive case management, and we have the opportunity to help with more than just direct care,” Weinstein said.



Surprised by a lack of structured channels for advocacy work when she arrived at Jefferson almost 20 years ago, Weinstein and a half dozen peers established JeffHOPE, a program through which students offer free care in urban clinics. Supervised by Plumb, JeffHOPE's founders opened their first site in 1991

at a men's shelter in West Philadelphia. Since then, JeffHOPE has grown to operate six clinics for the homeless. More than 750 students volunteer each month, providing medical care and linking patients with resources related to employment, housing and legal support.

Physicians and Attorneys Work Together

For the past two decades, physicians well versed in the medical fine points of advocacy but unskilled in the legal aspects have found willing partners in attorneys. The National Center for Medical-Legal Partnerships reports that more than 180 hospitals and health centers throughout the United States and Canada have formal medical-legal partnerships in place to help low-income patients navigate the complex systems governing their communities.

Through a community health elective and a joint program with Villanova University School of Law, Jefferson students



First-year Jefferson School of Pharmacy students Rabia Jamali and Hey Sun Um count medications in the office of St. Elizabeth's Community Center while Monica Medina McCurdy, PA-C, coordinator of health education and services; Dr. Weinstein; and Matthew J. Sundquist, Jefferson School of Nursing student, meet to review the day's cases.

are forming their own medical-legal clinics. Last fall, fourth-year JMC student Joe Valdez evaluated a single mother of four forced out of her job by pain from severe osteoarthritis. After losing her insurance, the woman tearfully pleaded with Valdez to find a way for her to afford treatment so she could provide for her family. Valdez lacked knowledge about Medicaid services and eligibility, but he found help in Villanova law student Sean Lancey. With Lancey's guidance, Valdez confirmed the patient's Medicaid eligibility and oversaw her application process.

"We don't learn much about law and government in medical school, and working with lawyers has taught me how my actions can affect a patient's resources. I never would have known how simple things like what box I check off on a government-issued health form can determine whether a patient qualifies for medical assistance," Valdez said.

Social Activism and Research Target Underserved Populations

Social determinants often dictate the resources available to broad communities, not just individual patients, meaning physicians can use their influence to benefit entire populations confronting adversity.

"When faced with patients who have lifestyles they don't identify or agree with, clinicians can be judgmental and uncomfortable talking openly," said Robert Winn, MD. "But everyone has a right to good health, and we are striving to break down barriers to equal care."



Jeff STARS Advocacy Program Shines

Because of the growing emphasis on advocacy in medical practice, Jefferson Medical College now offers a formal advocacy curriculum: the Jeff Service Training in Advocacy for Residents and Students Program.

Made possible by two grants – one from the American Academy of Pediatrics and the other from Columbia's Institute on Medicine as a Profession – Jeff STARS was launched in July.

“Understanding advocacy is just as important to being a physician as understanding biochemistry or any other science,” said Esther K. Chung, MD, MPH, who developed the program with colleague Jim Plumb, MD '74, MPH. “We want students to understand the social contexts in which patients live to emphasize how things like income, housing and education affect their health.”

Jeff STARS provides advocacy training through a required pediatric outpatient rotation and an elective offered to medical students and pediatric and family medicine residents. Activities include community site visits, reflective writings and weekly “advocacy cafés” focusing on public health topics. Trainees collaborate with community health partners to treat underserved populations and identify strategic policy issues and solvable policy problems.

“Making advocacy just an elective would be like preaching to the choir; we would only draw those who were already interested in advocacy work. Advocacy needs to be emphasized as a core concept of medical education,” Chung said.

As medical director of the Mazzoni Center, a Philadelphia-based organization providing care to lesbian, gay, bisexual and transgender individuals, Winn travels nationwide to speak about health issues affecting the LGBT communities, highlighting disparities that result from harassment, discrimination and, in the healthcare system, a lack of cultural competency.

Winn also has turned to clinical research in his advocacy, testing the effectiveness for men of a vaccine that combats human papillomavirus, the most common sexually transmitted infection in the world and the cause of genital warts, anal warts and certain cancers.

The vaccine, marketed as Gardasil by Merck & Co. Inc., has been approved by the FDA for use by women to prevent cervical cancer. The same viral strains known to cause cervical cancer can cause anal cancer in men, and the rates currently equal rates of cervical cancer before broad use of Pap smears made diagnosis and treatment easier.

Winn is analyzing data from his trial testing Gardasil's effects on men in hopes of gaining new FDA approval.

Winn regards his work as a group advocate and all physicians' work as individual advocates as equally important to the practice of medicine.

“It all boils down to a matter of special needs – needs that aren't always met,” Winn said. “Clinicians must be aware of patients' personal situations and must then apply that knowledge to doing whatever it takes to make sure special needs are fulfilled. If you're a clinician and you're not advocating for a better and healthier world, something is really wrong.” ■

Eakins Scholar Follows Her Own Path

As everyone knows, Jefferson Medical College draws students who have dreamed of careers in medicine for their entire lives – students whose interests in the sciences began shaping their futures well before adulthood. But Jefferson also draws students like Miriam Davis.

“I couldn’t stand my high-school science class,” said Davis, who goes by her middle name, Thais. She preferred to focus on the arts, playing the drums and classical guitar and serving as yearbook photographer.

Now a second-year student at Jefferson, Davis almost skipped college altogether. Neither of her parents had graduated from college, and they did not pressure her to follow any rigid path – nor did they have the ability to pay for her tuition.

“I saw many friends attending undergrad and didn’t understand how they could possibly afford it,” she said. “I knew if I went to college, I would have to handle the expense myself.”

Instead of heading into a traditional four-year program, Davis held various jobs – including selling musical instruments and staffing the lab at a wastewater plant – to pay for the classes she took sporadically for six years at her hometown community college, just outside Sacramento, Calif. A basic anatomy and physiology course left her fascinated, a surprise after her discouraging science experiences.

“From then on, I was just hooked,” Davis said. She ultimately transferred to University of California-Davis to study neurobiology, physiology and behavior, completing her bachelor’s degree at age 26. “After graduating, I still didn’t feel satisfied. I realized what I really wanted was to go all the way.”

“My scholarship has given me academic freedom and the freedom to contribute to the student body and the community.”

Davis came to Jefferson at age 28, considerably older than most new students. While her relatives did not push her toward medical school, they wholeheartedly supported her ambitions. Her grandfather, who passed away long before she was born, had worked as the only physician in the small Mexican town where he lived. No other relative had ever gone to medical school.

“My grandmother was thrilled that I was following in my grandfather’s footsteps,” Davis said.

Davis worried about tuition, but a scholarship from Jefferson’s Eakins Legacy Fund has allowed her to pursue her education freely. The Eakins Legacy Fund was created following Jefferson’s sale of Thomas Eakins’ *The Gross Clinic* in 2007. The fund underwrites new endowed professorships and scholarships every year, matching dollar for dollar commitments of \$100,000 or more to establish an endowed scholarship.

“My scholarship has given me academic freedom and the freedom to contribute to the student body and the community,” said Davis, whose passions include internal medicine, particularly geriatrics.

Contributing to the community ranks high among Davis’ priorities. She serves as the student volunteer coordinator at the Mazzone Center, which provides health care to the local lesbian, gay, bisexual and transgender communities. Intrigued by integrative medicine, Davis also educates patients and peers about the healing aspects of yoga, massage therapy, meditation and acupuncture through her work with Ars Medica, an on-campus holistic health society.

“From the day I interviewed at Jefferson, I felt at home here,” Davis said. “I am so grateful for the opportunities that the school has given me.”

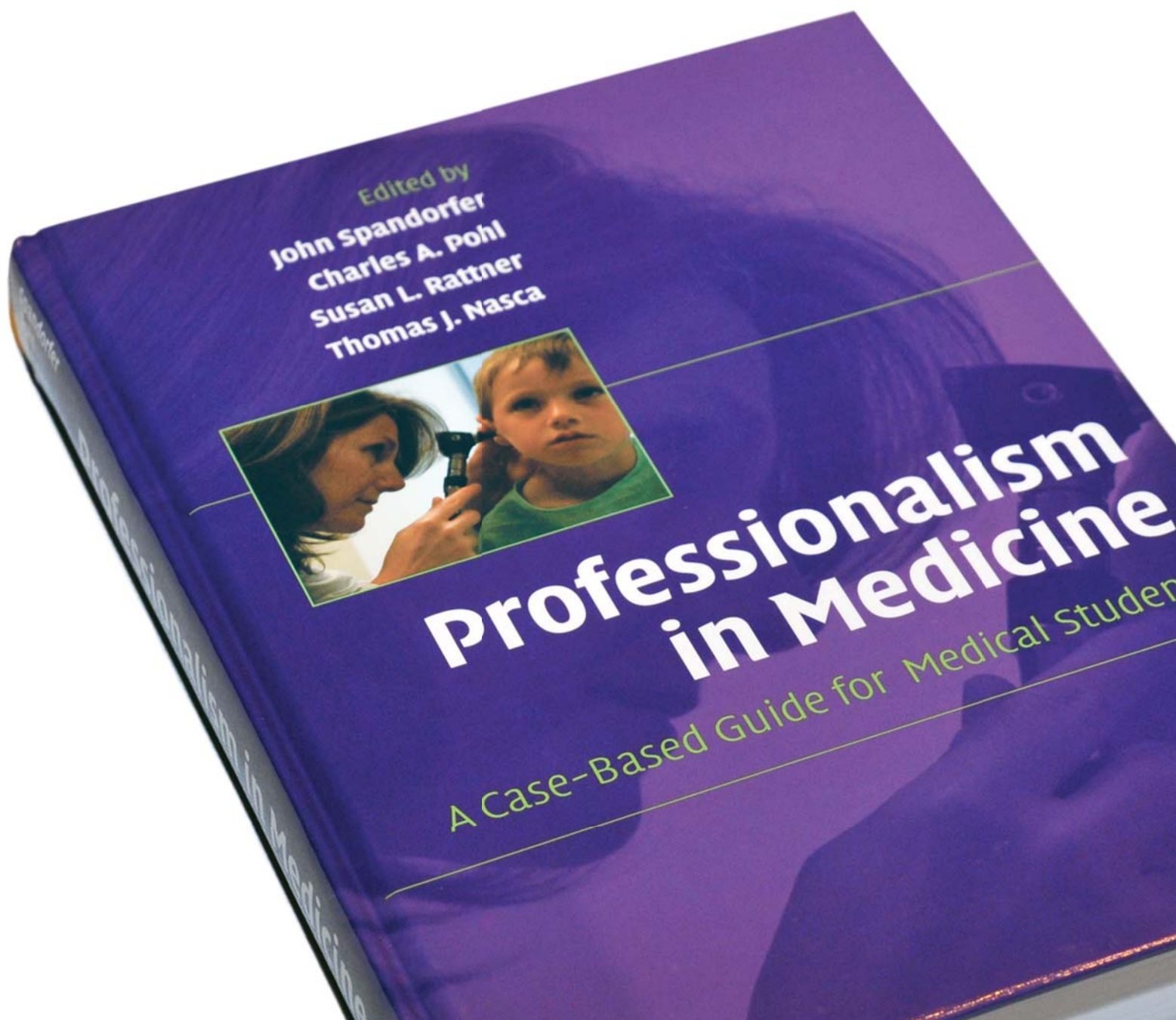


Thais Davis at the Mazzoni Center near Jefferson's campus.

Jefferson Faculty Compile First Medical Professionalism Textbook

Imagine that, as a family practitioner, you learn that one of your hepatitis C-positive patients is dating another patient who is hepatitis C negative. The hepatitis C-positive man informs you that he has no intention of disclosing his infection to his girlfriend. How do you react?

– A scenario from *Professionalism in Medicine: A Case-Based Guide for Medical Students*



Covering difficult subjects ranging from patient welfare to autonomy and conflicts of interest, a new book edited by Jefferson faculty members offers students the first comprehensive medical professionalism text highlighting the many challenges physicians face today.

Professionalism in Medicine: A Case-Based Guide for Medical Students was edited by John Spandorfer, MD '89; Charles A. Pohl, MD '87; and Susan L. Rattner, MD, along with Thomas J. Nasca, MD '75, who served as dean of Jefferson Medical College from 2001 to 2007.

Published by Cambridge University Press last fall, *Professionalism in Medicine* includes 72 case studies plus commentaries and literature reviews by 160 authors, 28 from Jefferson. In addition to physicians, the authors include medical students, ethicists, lawyers, nurses and social workers in hopes of inspiring students to consider different perspectives, according to Spandorfer, Jefferson's associate dean for education.

According to Frederic W. Hafferty, PhD, professor of behavioral sciences at the University of Minnesota Medical School and a contributor to the new book, the need for a formal curriculum in professionalism has become increasingly evident in with the emergence of commercial pressures. Hafferty, who has spent the past 30 years analyzing the evolution of medicine as a profession, believes the influences of profit-driven health-care corporations and pharmaceutical companies often result in questionable conduct by physicians.

"An explosion of industry has de-professionalized the field of medicine to some degree," Hafferty said.

"To counter this, there has been a movement to identify a more precise

meaning for the term 'professionalism' and to create ways to measure professionalism and institutionalize it. This new book serves as a tool to educate students and residents about professionalism ideals. It will help with the rebuilding of the trust that many have lost in the medical community."

The genesis of the book came four years ago when Spandorfer tried to find a text on professionalism for his Introduction to Clinical Medicine course but found only books about medical ethics.

"Professionalism and ethics greatly overlap," he said, "but professionalism may be considered a broader topic and encompasses concepts that are not necessarily ethical principles, such as physician self-regulation and the desire to improve quality of care."

In an effort to expand professionalism education at Jefferson, Spandorfer has initiated small-group workshops for third- and fourth-year medical students. Discussions begin with cases from *Professionalism in Medicine* and evolve into dialogue about situations the students encounter in their clerkships. The seminars tackle complex scenarios involving issues such as patient autonomy and confidentiality, honesty with patients and conflicts of interest.

"Professionalism is more reinforced by behavior of physicians than taught in a classroom," Spandorfer said. "Students come to

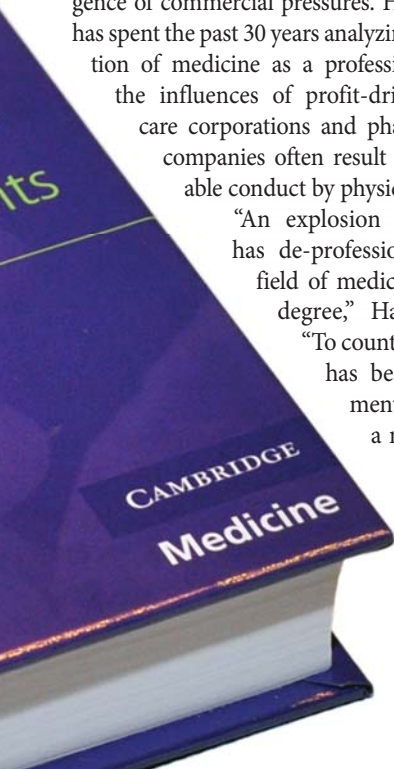


Thomas J. Nasca, MD '75; Susan L. Rattner, MD; John Spandorfer, MD '89; and Charles A. Pohl, MD '87

Jefferson with shared virtues that stay intact through their four years. However, they need good role models who practice in a professional way to help them learn to be the best doctors they can be. This book and our workshops will help students better understand how physicians should face many of the everyday professional challenges of delivering the best medical care."

Proceeds from the sale of the textbook will finance student-run research projects in professionalism at Jefferson. Thanks to an anonymous donor and Jefferson alumnus, students in their third year will receive complimentary copies of the book.

In the case highlighted above, a med school professor commented that she would explain to the hepatitis-C patient the risks he presented his girlfriend in hopes that he would tell her the truth. If unable to convince him, the professor would protect the patient's privacy. However, a bioethics professor considered the threat to the woman serious enough to recommend breaching her boyfriend's confidentiality after informing him of the intent to do so.





Jefferson Faculty

Karen Knudsen: Piecing Together the Prostate Cancer Puzzle

Barely two years after joining the Kimmel Cancer Center faculty, Karen E. Knudsen, PhD, has positioned herself as a driving force behind Jefferson's progress in combating prostate cancer.

With dual appointments as an associate professor in the Urology and Cancer Biology departments, Knudsen founded and directs the Kimmel Cancer Center Prostate Cancer Working Group – a think tank of scientists and clinicians in oncology, radiation and urology working to improve diagnosis and treatment of prostate cancer.

Knudsen's current research focuses on hormone therapies typically used to combat prostate cancer. Androgen ablation often treats the disease successfully for several years, but a relapse usually occurs. Knudsen has identified new ways to treat prostate cancer after this relapse; her therapies are currently undergoing pre-clinical in vivo testing.

Before coming to Jefferson, Knudsen was an associate professor of cell and cancer biology at the University of Cincinnati College of Medicine and a program leader for the University of Cincinnati Barrett Cancer Center. She has published more than 60 peer-reviewed articles and three textbook chapters on hormones and cell regulation. She also sits on numerous grant review boards and on the editorial boards of several high-ranking journals, including *Cancer Research*, where she is senior editor.

Knudsen has received many honors, including the 2006 Young Investigator Award from the Society of Basic Urologic Research and the 2009 Endocrine Society Richard E. Weitzman Memorial Laureate Award, which recognizes scientific achievements and mentoring efforts.

Knudsen recently discussed her experiences with research and teaching at Jefferson.

Q: What drew you to Jefferson?

A: To meet my research and translational goals, I wanted to join an NCI-designated cancer center. I wanted to be surrounded by outstanding basic-science colleagues as well as outstanding oncology clinicians who were interested in frequent collaboration.

Q: What inspired your focus on prostate cancer?

A: Many people don't realize that prostate cancer is the most commonly diagnosed non-cutaneous malignancy and the second

leading cause of cancer death among men in the United States. Prostate tumors are unlike any other tumor type – hormones drive the growth, and this is a process we are well poised to understand. Our translational research studies have the capacity to improve prostate cancer management.

Q: Why is teaching important to you?

A: Teaching is part of science's mission. It's my job to train the next generation of scientists to continue advancing the discoveries we make today. I have been extraordinarily fortunate to recruit outstanding trainees into the lab, and their creativity and dedication to prostate cancer research have had a major impact in the field.

Q: What advancements do you hope to see in your field over the next few years?

A: I hope to see a better understanding of how and why prostate tumors fail hormone therapies and to see more mechanisms to counter this failure identified. I also hope to see a continued drive toward personalized medicine.

Q: What has been your proudest achievement?

A: I am proud to be a successful mentor; all of the students and fellows I have mentored are still thriving. I am also fortunate that our scientific accomplishments have been of value to the field and may uncover new ways to treat tumors resistant to hormone therapy. A recent accomplishment was the founding of the Greater Philadelphia Prostate Cancer Working Group, which has drawn clinicians and principal investigators from across the Philadelphia region for monthly meetings to create a better platform for prostate cancer research. The collaboration has led to new joint grants, publications and initiatives to advance research and clinical care.

Q: Has your time at Jefferson lived up to your expectations so far?

A: Definitely. Jefferson has an enviable number of clinicians and scientists interested in translational research. My goal is for people everywhere to think instantly of expertise in prostate cancer on both clinical and research levels when they hear the words "Kimmel Cancer Center" and "Jefferson."

OnCampus



Levitan



Maley



Schwartz



Herbison



Mitchell

People

College Appoints First Neuroscience Chair

Irwin B. Levitan, PhD, became the first chair of the newly created Department of Neuroscience at Jefferson Medical College on Jan. 1 and the new director of the Farber Institute for Neurosciences.

"With his recruitment, Jefferson further strengthens its position as a center of excellence in basic, translational and clinical neuroscience research," said Mark Tykocinski, MD, the Anthony F. and Gertrude M. DePalma Dean.

As chair of the Department of Neuroscience, Levitan will assemble a world-class group of neuroscientists to complement Jefferson's established group of researchers in neurology and neurological surgery. As director of the Farber Institute, he will further the institute's mission of research into the causes, prevention and treatment of neurological disorders and disease.

Before joining Jefferson, Levitan held a professorship in the Department of Neuroscience at the University of Pennsylvania's School of Medicine. He also was director of Penn's Mahoney Institute of Neurological Sciences.

Maley Named Liver Transplant Program Director

Warren R. Maley, MD, who recently joined JMC as an associate professor of surgery, has been named director of the Live Donor Liver Transplant Program at Thomas Jefferson University Hospital. Before joining Jefferson, Maley served as surgical director of liver transplantation at Johns Hopkins Hospital in Baltimore.

Schwartz Appointed Breast Care Center Director

Gordon Schwartz, MD, MBA, who has been a University faculty member for almost four

decades, has been appointed director of the Jefferson Breast Care Center at the Kimmel Cancer Center. Schwartz, who had been director of the Fellowship in Breast Diseases, also has returned to the full-time faculty as a professor in the Department of Surgery.

Herbison Wins Lifetime Achievement Award

Gerald J. Herbison, MD, professor of rehabilitation medicine, received the 2009 Lifetime Achievement Award from the American Association of Neuromuscular & Electrodiagnostic Medicine. In presenting the award, the association noted Herbison has made "significant scholarly contributions to medicine by publishing 236 abstracts and articles as well as 10 book chapters."

Mitchell Honored for GI Research

Edith Mitchell, MD, clinical professor of medicine and medical oncology, received the 2009 National Medical Association Council on Concerns of Women Physicians Pfizer Research Award.

The award recognizes outstanding contributions to clinical or academic medicine by women. Mitchell's research in pancreatic cancer and other GI malignancies involves new drug evaluation and chemotherapy, development of new therapeutic regimens, chemoradiation strategies for combined modality therapy, patient selection criteria and supportive care for patients with gastrointestinal cancer. She travels nationally and internationally teaching and lecturing on the treatment of gastrointestinal malignancies.



Recognition As Art

Two men from Precision Signs on Long Island worked three days the week before Thanksgiving meticulously drilling holes and fitting letters on a wall in the Dorrance H. Hamilton Building honoring donors. The artwork, designed by Ian Goldberg of Cloud Gehshan Associates in Philadelphia, uses a variety of metals and finishes to create effects that change throughout the day with the light.

University Continues Campus Expansion

To accommodate a growing number of students and to create a hub for its newest programs, the University has begun construction of an 11-story building that will increase clinical, academic and administrative office space.

Located at 901 Walnut St., the building will house administrative and faculty offices for the schools of Health Professions, Nursing, Pharmacy and Population Health. The relocation of faculty and staff will open space for additional classrooms in buildings surrounding the Sidney and Ethel Lubert Plaza at 10th and Locust streets.

Clinical programs for neurology also will move to the new site, freeing up space for inpatient and operating rooms at the Jefferson Hospital for Neuroscience across Walnut.

The 901 Walnut building will connect west to the adjacent building on Walnut, now home to neurosurgery

outpatient offices, and north to the 24-story Edison Building at Ninth and Sansom streets. The 13 floors in Edison not connected to the new building will undergo renovation.

Over the past five years, enrollment at Jefferson has increased 38 percent, creating an urgent need for space.

"Our campus facilities master plan is to consolidate all classroom activities around Lubert Plaza," said University President Robert L. Barchi, MD, PhD. "This project will help us accomplish that by moving classrooms out of Edison into newly available space at the core of our campus."

Barchi estimated completion of the new building and the renovation of Edison in spring 2012.



NIH Awards Jefferson Prestigious Challenge and GO Grants

The National Institutes of Health has awarded Jefferson \$34 million to finance 46 research projects through the American Recovery and Reinvestment Act of 2009.

Among these awards, five Jefferson Medical College investigators along with the director for the Jefferson Center for Applied Research on Aging and Health received prestigious Challenge and Grand Opportunity grants totaling \$7.7 million.

Challenge Grants in health and science finance research focusing on scientific opportunities, new technologies, data generation and research methods in areas that will advance quickly and significantly with an influx of funds. The NIH received more than 20,000 proposals and awarded only 840 Challenge Grants across the country.

Opportunity grants, also a new NIH initiative, support projects that lay the foundation for new areas of investigation and lend themselves to short-term, non-renewable funding.

The grants were awarded to:



Neal Flomenberg, MD, chair of the Department of Medical Oncology, for his development of a program for hematopoietic stem cell transplantation in adults with high-risk sickle cell anemia.



Flemming Forsberg, PhD, professor of radiology, for his investigation into the injection and imaging of small gas-filled bubbles in the bloodstream to measure portal vein hypertension.



Gyorgy Hajnoczky, MD, PhD, professor of pathology, anatomy and cell biology, for his research on the effects of chronic alcoholism on cell dysfunction, tissue damage and disease.



Maurizio Pacifici, PhD, director of orthopaedic research and the Anthony F. and Gertrude M. DePalma Professor of Orthopaedic Research, for his work to identify the mechanisms of pathogenesis of hereditary multiple exostosis syndrome and to test treatment to prevent tumor-like bone masses caused by the disease.



Scott Waldman, MD, PhD, chair of the Department of Pharmacology and Experimental Therapeutics, for his study of occult lymph node metastases and their role in disparate mortality rates in African-Americans and Caucasians with colon cancer.



Laura Gitlin, PhD, director of the Jefferson Center for Applied Research on Aging and Health, for a cost-effectiveness analysis of a home-based intervention to treat depression in older African-Americans.

"These awards were extremely competitive, and Jefferson Medical College's research community should be proud, as I am, of its exceptional efforts to maintain and expand the College's research portfolio," said Mark Tykocinski, MD, the Anthony F. and Gertrude M. DePalma Dean.



Board members of Jefferson's AMA-MSS chapter Arpan Patel, membership chair; Ratika Gupta, secretary; Anish Sen, treasurer; Daniel Pucheril, vice president; and Zein Nakhoda, former president.

Jefferson Group Named AMA-MSS Chapter of the Year

Jefferson Medical College's branch of the American Medical Association Medical Student Section has won the organization's 2009 Chapter of the Year Award for its recruitment, community service and advocacy.

Zein Nakhoda, a former JMC chapter president and current regional chair, spearheaded the application.

"We wanted to show how much we have accomplished," said Nakhoda, who is pursuing an MD and an MBA through a joint degree program with Widener University.

During the 2008-2009 academic year, the JMC chapter recruited nearly 70 percent of the incoming students, maintaining a group of more than 600 members. The chapter's work focused largely on community service and advocacy. Students held three public health fairs that included screenings; volunteered at a nursing home and a food bank; and coordinated rapid HIV screening and AIDS counseling at local shelters.

The legislative committee concentrated on obstacles to refugee health care. A resolution outlining standardized care for refugees passed at the organization's national conference and has attracted attention from several medical organizations.

"These are such vulnerable people, and I can really see that we are making a difference in improving health care for their families," Nakhoda said.

Marks Portrait

Friends, family and colleagues gathered Dec. 3 to honor Gerald J. Marks, MD '49, FACS, FASCRS, during the presentation of his portrait to the University. After graduating from Jefferson Medical College as a member of the Alpha Omega Alpha Honor Society, Marks stayed to receive training in general and colorectal surgery. He has served as a faculty member for almost 50 years. Pictured with Marks (second from left) are Charles J. Yeo, MD; son John Marks, MD '89; and Jay Bannon, MD.





Thakur



Schnell



Rodeck



Dicker



Paumet

Headlines

New Breast Tumor Imaging Method Identified

Scientists at Jefferson's Kimmel Cancer Center have discovered a way to identify malignant breast cells in mice without a biopsy.

The findings, published in the *Journal of Nuclear Medicine*, focus on ^{64}Cu -TP3805, which is used to evaluate tumors via PET imaging. The agent detects breast cancer in mice by finding a biomarker called VPAC1, which is over-expressed as a tumor develops. If this ability holds up in humans, PET scans with ^{64}Cu -TP3805PET could eliminate biopsies, according to Mathew Thakur, PhD, professor of radiology and director of radiopharmaceutical research and nuclear medicine research.

Rabies Used in AIDS Fight

A rabies virus-based vaccine protects monkeys against the simian equivalent of the HIV virus, known as SIV, according to a Jefferson study published in *Vaccine*.

Led by Matthias J. Schnell, PhD, director of the Jefferson Vaccine Center, the team used highly attenuated rabies virus vaccine vectors to protect against challenge with the highly pathogenic SIVmac251. Two strategies were used: immunization with a recombinant rabies virus expressing SIVmac239GagPol and a combination of that plus a rabies virus expressing SIVmac239Env. Both methods induced neutralizing antibody production, CD8+ T cell responses and increased protection. The combination with Env helped immediately after the infection but produced minimal long-term benefits. However, the

rabies-based vaccine induced potent anti-SIV humoral responses.

"Although we can't yet block the infection, we showed that we can protect against disease," said Schnell. "We also saw significant antibody activity against the virus, which is promising."

Prodrug Curbs Skin Toxicity

A new prodrug can curtail skin toxicities from cetuximab treatment for colorectal, head and neck cancers, according to a Jefferson study published in *Cancer Biology and Therapy*.

The study – led by Ulrich Rodeck, MD, PhD, professor of dermatology and cutaneous biology at Jefferson, and John C. Williams, assistant professor of molecular medicine at City of Hope – explored methods of binding antibodies that cause the adverse effects exclusively to tumor tissue.

"We've designed a prodrug in which the antibody is masked by an engineered form of the antigen, preventing it from binding to antigen on normal tissue," Rodeck said. "However, when the antibody reaches the tumor tissue, enzymes prevalent at tumor sites cleave the mask off, and the antibody can now engage the antigen at the tumor site."

Protein Inhibition Reduces Radiation Toxicity

Directly inhibiting the activity of a key protein mediator of inflammation reduced radiation toxicity in zebrafish embryos and may ultimately help patients receiving radiation therapy, according to researchers from the Kimmel Cancer Center.

The researchers reported in *Molecular Cancer Therapeutics* that inhibitors of NF-kappa B (NF- κ B) not only protected against radiation toxicity when given before treatment but also lessened the radiation toxicity when given one to two hours later.

The study was led by Ulrich Rodeck, MD, PhD, professor of dermatology and cutaneous biology, and Adam Dicker, MD, PhD, professor and interim chairman of the Department of Radiation Oncology.

Intracellular Pathogens Protected by Proteins

Some intracellular pathogens exploit the biological attributes of their hosts to escape destruction and cause infectious diseases, according to a report in the online journal *PLoS ONE* by researchers from Jefferson, the Pasteur Institute in Paris and Yale University.

Some pathogens, including Chlamydia and Legionella, avoid the destruction process thanks to SNARE proteins, reported Fabienne Paumet, PhD, assistant professor of microbiology and immunology at Jefferson. SNARE proteins are necessary for eukaryotic cells to fuse to their intracellular compartments. Researchers tested the hypothesis that SNARE proteins expressed by the bacteria themselves interact with the eukaryotic SNAREs and alter membrane fusion to their advantage. The Chlamydia and Legionella bacteria both expressed the proteins.

"The SNARE proteins function like a zipper, and without each half, they can't fuse," Paumet said.



Jerry Cotler, MD '52, his wife, Florence, and Fritz Ruccius, senior vice president, Jefferson Foundation, with Alexander Stetsyuk, a Dr. Jerome M. and Florence D. Cotler Scholarship recipient, and Christine Chen and Paul Corotto, Class of 1958 Endowed Scholars.



Corey Ruth, MD '81, and his wife, Gail, with JMC student Ellen Plumb, a recipient of the Corey K. Ruth, MD Scholarship.



Erich Everts, MD '50, his daughter, Deborah E. Hoellein, MD '78, with JMC student Irbert Vega, an Erich A. Everts, MD Scholarship recipient, and a guest.

Medical Frontiers

University Forms Department of Stem Cell Biology

Jefferson has created a new academic department, Stem Cell Biology and Regenerative Medicine, to expand its stem-cell research program and create opportunities to collaborate with other researchers throughout the world.

Michael P. Lisanti, MD, PhD, professor of cancer biology, chairs the new department, which focuses on stem cells as therapy for a variety of diseases and on cancer stem-cell markers and treatment targets. Lisanti also leads the Stem Cell Biology and Regenerative Medicine Research Center at the Kimmel Cancer Center.

"The department will serve as a catalyst in clinical translational science initiatives across a wide array of disciplines at Jefferson," said Mark Tykocinski, MD, the Anthony F. and Gertrude M. DePalma Dean. "It also will serve as a hub for our collaborations with other stem-cell research partners, both nationally and internationally."

Jefferson Receives Chest Pain Center Accreditation

Jefferson's Chest Pain Center in the Department of Emergency Medicine has received full Cycle II accreditation with PCI (percutaneous coronary intervention) from the Accreditation Review Committee of the Society of Chest Pain Centers.

Resources at the Chest Pain Center allow physicians to treat patients during the early stages of a heart attack, determine what treatments are most effective and closely monitor patients with borderline symptoms for accurate diagnoses.

Specialized Radiation Therapy Reduces Vision Loss

A specialized type of radiation therapy offers the same local control as surgery when treating optic nerve sheath meningiomas with fewer adverse effects on vision, Jefferson researchers reported at the 51st American Society for Radiation Oncology Annual Meeting in Chicago.

Fractionated stereotactic radiotherapy delivers an effective dose of radiation to a tumor while sparing structures around it. In the case of optic nerve sheath meningiomas, the eye lens and brain cells are untouched, according to Robert Den, MD, a resident in radiation oncology at Jefferson.

Jefferson Grants

The National Heart, Lung and Blood Institute has given Walter J. Koch, PhD, FAHA, director of the Center for Translational Medicine, a \$3.9 million Method to Extend Research in Time Award. Fewer than 5 percent of NIH-financed investigators receive the awards. Koch will use the 10-year grant in his research of the protein GRK2 in heart failure.

The National Institutes of Health has awarded researchers in the Department of Neurology a grant for the creation of a center to study autoimmune disorders from basic science research to its translation into clinical applications. The five-year grant initially totals more than \$4 million but could reach \$10 million.

A team of researchers from Jefferson and the University of Delaware received a grant of \$849,000 from the Department of Defense to create a three-dimensional cancer patient imaging system that will allow surgeons to view and touch selected organs and tissues before surgery. The investigators also will design novel radiopharmaceuticals that will scan for gene activity of the disease

and present the results in a realistic display that can be touched and probed like genuine organs. The two-year project focuses on the pancreas and pancreatic tumors.

Jefferson Firsts in Treatment

Retinoblastoma. Jefferson Hospital for Neuroscience and Wills Eye Institute are collaborating on the only program in the Philadelphia region to offer a targeted chemotherapy delivery technique to treat retinoblastoma, a rare cancer of the retina that primarily affects children. Intra-arterial chemotherapy minimizes traditional side effects such as hair loss, deafness, kidney failure and leukemia. Robert Rosenwasser, MD, chair of the Department of Neurological Surgery at Jefferson, has teamed up with Carol Shields, MD, an eye cancer specialist at Wills, to offer the new therapy.

Tinnitus. The Jefferson Balance and Hearing Center of the Department of Otolaryngology-Head and Neck Surgery is the first in Philadelphia to offer Neuromonics Tinnitus Treatment, which interrupts tinnitus by delivering a customized neural stimulus embedded in clinically modified music. "This new treatment represents a significant step forward for a condition with traditionally limited therapeutic options," said Thomas Willcox, MD, medical director of the center.

Spinal cord injuries. Jefferson is the first medical center in Pennsylvania to offer a new device that helps individuals with spinal cord injuries breathe on their own. The NeuRx DPS provides electrical stimulation to muscle and nerves, causing the diaphragm to contract, creating a vacuum-like effect in the chest cavity that allows air to fill the lungs. Michael Weinstein, MD, assistant professor in the Department of Surgery, oversees the treatment.



Amy Liss with scholarship recipients and guests.

Dinner Brings Donors, Scholarship Winners Together

Scholarship recipients met their benefactors during a dinner that drew more than 125 people to the Dorrance H. Hamilton Building's candlelit atrium Nov. 18. Students used the evening to express their appreciation as University President Robert L. Barchi, MD, PhD, underscored the University's need for scholarship funds.

About \$5.1 million in donor-financed scholarships and loans go to 525 University students each year. As Barchi noted, healthcare students face staggering debt: The cost of tuition, room, board, books and other expenses for JMC totals about \$68,000 annually, while the annual institutional scholarship award for JMC students totals \$8,700. The average student leaves JMC more than \$170,000 in debt.

"Scholarships help us recruit and retain the nation's brightest students, who will help shape the future of patient care," Barchi said.

The president then turned the lectern over to third-year medical student Adnan Bashir, recipient of a Paul C. Brucker Scholarship, a fund supported by University board member Jim Stratton.

"Many years from now, when you're actually making money, think about what the scholarship meant to you," Bashir said, addressing his fellow students. "Think about how it was worth much more than the financial value. And then think, 'How can I help someone else?'"

Jefferson Awards Two Eakins Professorships

Emad Alnemri, PhD, and Michael P. Lisanti, MD, PhD, have received Eakins professorships from the University in recognition of groundbreaking research that has earned them international renown.

The professorships are supported by the Eakins Legacy Fund, which the University created in 2007 after the sale of Thomas Eakins' *The Gross Clinic*. With the help of matching gifts from donors, the Eakins fund supports three additional professorships and 14 scholarships.

University President Robert L. Barchi chose Alnemri late in 2009 and Lisanti early this year.

Alnemri conducts pioneering research in molecular mechanisms of apoptosis-



Alnemri



Lisanti

programmed cell death, a process crucial for normal animal development and elimination of unwanted cells.

Lisanti, chair of the Department of Stem Cell Biology and Regenerative Medicine, focuses on caveolin-mimetic peptides that eventually could be used in the treatment of cancer, Alzheimer's disease, muscular dystrophy, obesity and diabetes.



Joan Regan Retires After 42 Years

After helping tens of thousands of students, Joan Regan retired from the JMC Office of Alumni Affairs in December, looking back on her 42 years at Jefferson with fondness.

Regan arrived at Jefferson in 1967 from Hahnemann Medical College and Hospital with Joseph S. Gonnella, MD, now director of Jefferson's Center for Research in Medical Education and Health Care. As associate dean for academic programs at the time, Gonnella traveled the world consulting with the World Health Organization, leaving Regan to handle many of his affairs at Jefferson.

When Gonnella became JMC dean in 1983, Regan joined the staff of Joseph F. Rodgers, MD, associate dean for residency and affiliated hospital programs. She left the dean's office in 1999, looking for a change, and she found it with the Alumni Association; she retired as associate director of JMC alumni relations, considering herself fortunate to have worked with Phillip Marone, MD '57, MS '07, associate dean for alumni relations.

Everything Regan did at Jefferson focused on students.

"I love to see the transformation from the freshman breakfast to graduation and then see the students come back," she said. "Jefferson is very fortunate to have people loyal, dedicated and caring."

ClassNotes

'47

Charles J. Rodgers, who lives in Williamsport, Pa., writes, "Any day you can get up is a good day – much better if you can stay up."

'49

Richard A. Ellis has been honored by Wills Eye Institute of Philadelphia with a lecture in his name at the institute's annual meeting. The lecture serves as a report on recent research in ophthalmic specialties. Ellis is retired and lives in Bala Cynwyd, Pa.

Paul Hartstein is retired and enjoying life with his wife, Dorothy, in Long Beach, Calif.

'51

Michael R. Dobridge says he is proud to have been a member of the Class of 1951 and welcomes any member of the class to call him at his Rockville, Md., home.

Ernest F. Doherty Jr. and his wife, Marie, recently celebrated their 60th wedding anniversary. They live in Yorktown, Va.

'52

Edward W. Ditto III lives in Hagerstown, Md., and has been retired since 1999. He works at a free community clinic every Friday and enjoys traveling throughout the United States and Mexico, where he has a time share in Nuevo Vallarta.

Oscar Hoerner lives in Mechanicsburg, Pa.

George T. Wolff retired in October from his faculty position with the Moses Cone Family Practice Residency in Greensboro, N.C. He has been honored with a professional portrait that will hang in the physicians' entrance of Moses Cone Hospital. Aside from a hearing impairment, his health is good, and

he and his wife, Betty, "look forward to more time at the lake."

'53

Henry A. Kane is retired in Glen Mills, Pa., and enjoys spending time with his three children and six grandchildren.

'54

John B. Nelson III writes that he is content with retirement and nurturing passions for travel and woodworking. Nelson lives in Cambridge, Mass.

Al Spivack recently visited China, where a piece of his clay art appeared in the Jingdezhen International Ceramic Art Show. Spivack uses an innovative technique that involves bonding colored glass with ceramic glazes. He also has been participating in clinical research at the biopharmaceutical

company VIVUS. He reports that he has retired "many times" and lives in Menlo Park, Calif.

'55

Herbert E. Cohn received the Achievement Award in Medicine at the 2009 Jefferson Gala in recognition of his professional achievements. Cohn enjoys his roles as Jefferson's Anthony E. Narducci Professor of Surgery and vice chairman for quality. He hopes to see classmates at their upcoming 55th reunion. His granddaughter will enter JMC this year. Cohn lives in Philadelphia.

'56

Dale A. Grove Jr. retired in 1997 and enjoys golf and hiking. His wife and three sons are in good health, and he has one grandson with a granddaughter on the way. Grove lives in Allentown, Pa.

Business and Pleasure

Almost two dozen alumni and their families gathered in Park City, Utah, the first week of February for a CME program taught by Jefferson faculty members. Outside the classes, the Jefferson grads socialized and skied. The weather cooperated with temperatures hovering at 40 degrees.



John W. Holdcraft is enjoying retirement in Mickleton, N.J. His granddaughter, Emily, is graduating from Duke, and he hopes that she will continue her education at Jefferson, as her mother, **Suzanne Holdcraft**, '83, did.

'57

Martin G. Blechman lives in Paramus, N.J., and is a co-founder of Diabetes Foundation Inc. in New Jersey.

'58

Morrow J. Greenberg continues to practice family medicine at Sharon Community Health Center in Sharon, Pa., and works part time with Sharon Regional Hospital as medical review officer for occupational medicine. He and his wife, Sherry, have six grandchildren.

'60

William F. Hushion is retired and active in church ministries. He frequently performs volunteer work and is enjoying life to the fullest in Wallingford, Pa.

Joel R. Temple reports that he loves his allergy practice too much to retire. He and his wife, Mary Jane, live in Dover, Del., and have eight children, 18 grandchildren and two great-grandchildren.

'61

Everett F. Oesterling Jr. retired from hospital practice in 2008 and is still active doing medico-legal consultations in pathology of occupational lung diseases. He lives in Pittsburgh.

Elliott Perlin works part time in the George Washington University Medical Faculty Associates' hematology/oncology division and consults for the U.S. Department of Labor. He and wife of 53 years, Carole, live in Bethesda, Md., and enjoy their four children, 11 grandchildren and four great-grandchildren.

Walter D. Stevenson stopped general surgery practice in 2003 and is now completely retired from medicine. He lives in Dallas.

David K. Subin continues to practice medicine near his home in San Diego, but he is no longer performing surgery.

'62

Charles J. Bannon lives in Clarks Green, Pa., and is a founding member of the newest MD-granting college in the United States, the Commonwealth Medical College in Scranton, Pa. The college's first class entered last August.

Ronald Green has retired from his practice of physical medicine and rehabilitation and is "rusticating" in beautiful Santa Barbara, Calif. His welcome mat is out for all classmates.

'63

Robert Morris Davis reports that retirement is great and that he is so busy he doesn't know how he ever fit work into the schedule. Davis continues doing service work in Ghana each September and in India each January. He lives in York, Pa.

'64

Peter Eidenberg retired in September 2005 from his general medicine practice in Gresham, Ore., 17 miles east of Portland.

'65

Mark Brown's book for the healthcare consumer, *Conquer Back and Neck Pain: Walk It Off!*, was named Book of the Year 2008 by the *American Journal of Nursing*. Brown acknowledges Thomas Jefferson University and late Jefferson faculty member Anthony DePalma, MD '29, in the book. He lives in Miami.

'65

Martin L. Dresner lives in Tucson, Ariz., and continues to train urology residents at the University of Arizona and the nearby VA medical center. Dresner recently attended a meeting of the Western Section American Urological Association, where he reunited with residents he had trained in the course of 40 years. He has two grandchildren plus one on the way.

'66

Roger Raymond lives in Barrington, R.I., and says he is thankful to be able to continue practicing cardiology at age 68.

Thomas D. Schonauer practices part time at Springdale Pediatrics in York, Pa. He and his wife, Betty, celebrated their 46th anniversary in September and enjoy traveling overseas, playing golf and visiting with their four children and five grandchildren. Schonauer sits on the board of the Children's Home of York and is an elder in the First Presbyterian Church of York.

Howard Silberman, professor of surgery at the University of Southern California, has co-edited a new textbook, *Principles and Practice of Surgical Oncology: A Multidisciplinary Approach to Difficult Problems*. Silberman lives in Pacific Palisades, Calif.

'67

George B. Faries Jr. lives in Mechanicsburg, Pa., and practices with Susquehanna Surgeons and at Penn State's Milton Hershey Medical Center. He is about to embark on his 10th mission with the World Surgical Foundation, this time to Palawan, Philippines.

Carl L. Stanitski was named the N. Balachandran Visiting Professor at the National University School of Medicine in Singapore and the N. Balachandran guest lecturer for the Singapore Orthopaedic Association's annual meeting. Stanitski is a professor emeritus of orthopaedics and pediatrics at the

Medical University of South Carolina and works part time as a field staff member of the Accreditation Council for Graduate Medical Education. He lives in Johns Island, S.C.

Don C. Weiser lives in Indianapolis and continues to work in clinical research.

Melvyn A. Wolf retired from ophthalmology practice in May. He and his wife, Elaine, live in Spring House, Pa.

'68

Joel Barish left his faculty position at Columbia University in 2003 to teach medicine in Japan. He officially retired in 2009 but reports that he misses medicine and will soon join the clinical faculty at the University of California, San Francisco, to teach one day per week.

'69

Paul M. Weinberg was the 2009 recipient of the Robert Dunning Dripps Memorial Award for Excellence in Graduate Medical Education at the University of Pennsylvania School of Medicine. Weinberg lives in Cherry Hill, N.J., and practices pediatrics at Penn.

Jesse H. Wright co-wrote the book *Cognitive-Behavior Therapy for Severe Mental Illness*, which won first prize in the mental health category at the 2009 British Medical Association book competition in September. Wright lives in Louisville, Ky.

'70

Sarah S. Long, chief of infectious diseases at St. Christopher's Hospital for Children, received the 2009 Award for Lifetime Contribution to Infectious Diseases Education from the American Academy of Pediatrics. Long lives in Gladwyne, Pa.

David Pashman has moved his clinical practice to Penn Presbyterian Medical Center at the Penn Orthopedic Institute. His youngest son, Josh, recently completed his MBA and MPH degrees at Yale and got married. Pashman lives in Rydal, Pa.

Michael Rakoff (formerly Steinberg) is retired but still working as a medical consultant. He spends three months per year in Bangalore, India, volunteering at a charity hospital. Rakoff lives in Shepherdstown, W.Va.

John Reichel survived a stroke in 2008 and reports that life is good and retirement is great. He misses working in Latin America on cleft palate patients. Reichel lives in Napa, Calif.

'71

T. Jeffrey Dmochowski is the associate medical director for the Greater Rochester Independent Practice Association. He lives in Pittsford, N.Y.

Henry M. Feder Jr. is a professor of family medicine, pediatrics and pediatric infectious disease at the University of Connecticut Medical Center. He and his wife live in Farmington, Conn., with their 8-year-old daughter and 4-year-old twin sons.

Howard Robin is beginning his second term as president of the San Diego Blood Bank. Robin serves as medical director of laboratory services for Sharp Metropolitan Hospitals and of continuing medical education for Sharp Healthcare in San Diego. He lives in La Jolla, Calif.

'72

William D. Boswell Jr. lives in Los Angeles and is a radiology professor at the University of Southern California. His daughter, **Stephanie**, '09, is beginning a radiology residency at USC.

Gene H. Ginsberg is "semi-retired and snowbirding" in Sarasota, Fla.

Arlen D. Meyers is a co-founder and chief medical officer of MedVoy, a medical tourism software and service company. He lives in Denver.

John P. Rodzvilla Jr. co-wrote an article, "Injectable Collagenase Clostridium Histolyticum for Dupuytren's Contracture," in the September issue of the *New England Journal of Medicine*. Rodzvilla recently joined Malvern Consulting Group and Recro Pharmaceuticals Inc. as vice president of medical affairs. He lives in Garnet Valley, Pa.

Barton Schneyer has relocated to Southport, N.C., to open a new pulmonary and critical care practice after 30 years in Smithtown, N.Y.

'73

Mark S. Pascal welcomed his fourth grandchild, Alexa Paige, in December. Pascal represents New Jersey oncologists on the Clinical Practice Committee of the American Society of Clinical Oncology. He lives in Teaneck, N.J.

'74

Stanley J. Geyer has been appointed by the College of American Pathologists to serve as chair of its Diagnostic Immunology Resource Committee. Geyer lives in Pittsburgh.

Michael Lewitt and his wife, Lynne, live in Berwyn, Pa., and celebrated their 30th anniversary in 2009. Lewitt is a core faculty member of emergency medicine residency at Memorial Medical Center in Johnstown, Pa. Lewitt travels to Wales annually to teach an advanced trauma life-support course.

ALUMNI PROFILE

Charles H. Klieman, MD '67

Leaving His Impression on Surgeries Worldwide

Starting with his medical training in the late 1960s, Charles Klieman has often found himself analyzing common medical devices and considering ways to improve them.

"As a young person, I was always the type to be out in the garage, tinkering with things," Klieman said. "The time I spent as a student at Jefferson funneled that interest into the medical area. I was surrounded by constant innovation."

Klieman's curiosity and ingenuity have benefited many thousands of physicians and patients worldwide by producing a host of medical inventions, including the modern hemostatic clip applier. When Klieman underwent cardiovascular surgical training, the operating room staff loaded clips into an applier one at a time, making the process tedious and time consuming. He set out to develop a disposable, plastic applier fed by a cartridge holding 20 staples, making vessel ligation not only more efficient for the surgeon but safer for the patient and cheaper. Ethicon Inc. sells the tool today as the Ligaclip 20/20.

Klieman also devised the first articulating laparoscopic instrument, scissors that allow surgeons to choose a precise angle of cut. He initially developed and marketed the tool, which he called Pivotal, through his own company. Conmed Corp. markets the scissors today.

Klieman made many of his advances before the "Internet Age." To help other physicians with obtaining patents, developing prototypes and marketing their inventions, he co-founded the American College of Physician Inventors and served as its first president. The group disbanded as the Internet made patent guidelines readily available.

Today, Klieman is involved with product design and medical software development. He continues to work full time as a surgeon, performing thoracic, vascular and trauma operations for two of the busiest private hospitals in Los Angeles: St. Francis Medical Center and California Hospital Medical Center. Last summer he combined his medical expertise with his love for travel by spending three weeks as a volunteer performing vascular surgeries at Landstuhl Regional Medical Center, a U.S. Army Medical Command post in Germany used as the first stop for injured American soldiers leaving Iraq and Afghanistan.

"I've enjoyed a long career and am thankful for all of the opportunities I've had, starting with my education at Jefferson," Klieman says. "I credit Jefferson with much of my success and am happy to be in a place where I can give back."



'75

Angelo S. Agro is enjoying his seventh year of private otolaryngology practice in Andalusia, Ala., which he says is a great place to raise a family. He counts his blessings every day.

'76

Ira Brenner recently published a book titled *Injured Men: Trauma, Healing and the Masculine Self* and co-sponsored the Fourth Annual Akhtar-Brenner Lecture on Psychoanalysis through the Department of Psychiatry at Jefferson. Brenner maintains a private practice in Bala Cynwyd, Pa., and lives in Penn Valley, Pa.

'77

Robert Savage was named to the 2008 Castle Connolly "Top Doctors" list in Massachusetts and to the 2009 Consumer's Research Council of America "America's Top Surgeons" list. He operates a private plastic surgery practice near his home in Wellesley, Mass., and is an assistant professor at Harvard Medical School.

'78

Norman G. Rosenblum is a professor of obstetrics and gynecology and director of the Division of Gynecology Oncology at JMC. He lives in Wynnewood, Pa.

Janice Starsnic and her husband, George, reached the summit of Mount Kilimanjaro in Tanzania in August. They are both retired from practicing dermatology in Reading, Pa.

'81

David G. Hershberger is celebrating his 25th year in emergency medicine. He lives in Johnstown, Pa.

Gordon M. Langston reports that he survived his year as chief of the medical staff at Palmetto Health Richland in Columbia, S.C., and says the experience was very enlightening.

'84

Michael Henrickson is clinical director of the division of rheumatology at Cincinnati Children's Hospital Medical Center. He completed his master's of public health degree last spring at the University of Oklahoma Health Sciences Center's College of Public Health in Oklahoma City.

Louis A. Kazal Jr. is an associate professor of community and family medicine at Dartmouth Medical School and became president of the New Hampshire Academy of Family Physicians in November. He was also named a "top doctor" by *New Hampshire Magazine*. He lives in Hanover, N.H.

'85

Bonni S. Field is a clinical assistant professor of pediatrics at JMC and has enjoyed working with third-year students, especially her son John, now in his third year at JMC. "It was great being able to introduce him to clinical medicine," Field lives in Newark, Del.

'86

Greg Mokrynski has been appointed medical director of the Transitional Care Center at the Reading Hospital for Post-Acute Rehabilitation. Mokrynski lives in Blue Bell, Pa.

William P. Rumbaugh practices obstetrics and gynecology in Beaver County, Pa. He plays drums for a contemporary church band and has completed seven marathons. Rumbaugh recently turned 50 and hopes to continue running marathons. He lives in Beaver Falls, Pa., and has three children.

'89

Debra Somers Copit has been asked by the American Board of Radiology to serve as an oral board examiner. Copit lives in Wynnewood, Pa.

William V. Harrer III has been appointed chief of staff at Citrus Memorial Hospital in Inverness, Fla., where he lives.

Sheldon S. Lin serves as president of the Orthopaedic Research Education Fund of the American Orthopaedic Foot and Ankle Society and as a tenured associate professor and division chief in foot and ankle service at the University of Medicine and Dentistry of New Jersey. Lin lives with his wife, **Rinna, BSN '90**, and their four children in Chatham, N.J.

'90

Steven K. Herrine reports that he is a Jefferson "lifer," now a professor of medicine and soon-to-be a recipient of a Class of 2010 portrait. Herrine lives in Bala Cynwyd, Pa.

'91

Brenda Berry (formerly Regier) is a staff physician in the Dermatology Department at VA Medical Center in Fresno, Calif.

Lynda Szezech has been elected president of the National Kidney Foundation and is an associate professor of medicine with tenure at Duke University. Szezech lives in

Durham, N.C., with her husband, Peter; their two children, Jack and Lucy; and their Jack Russell terrier, Zippy.

'93

Eileen R. Conti lives in Chester, N.J., with her husband, Vin Hoye, and their three daughters: Ann, Beth and Meredith. Beth was diagnosed with acute lymphoblastic leukemia in April 2009 and is recovering. Eileen thanks her Jefferson friends for their love and support.

'95

Thomas Balsbaugh was named in the California magazine *Sacramento* as a "top doctor" in the area for family medicine. Balsbaugh lives in Carmichael, Calif., and practices with the UC Davis Medical Group.

Li-Li Hsiao practices nephrology and runs a lab at Harvard Medical School. She also manages a free health screening program called Community Kidney Disease Detection. Hsiao received the 2009 Harvard University Young Excellent Mentor award, which she found "quite a humbling experience." She lives in Jamaica Plain, Mass.

'96

Mike Chen practices neurosurgery at City of Hope National Medical Center outside of Los Angeles. He lives in Littlerock, Calif., and is happily married with two children.

'97

Steven Silver is a partner with Cardiovascular Associates of the Delaware Valley in southern New Jersey. He and his wife, Lori, welcomed a son, Jacob Scott, on Aug. 7. Jacob joins big sister Maddie and big brother David. The family lives in Cherry Hill, N.J.

'98

Philip Ovadia was inducted as a fellow in the American College of Surgeons. He practices cardiovascular and thoracic surgery at Heritage Valley Health System in Beaver, Pa.

'99

Heather Dealy opened an ophthalmology practice called Eye Consultants in Newark, Del., in September. She and her husband, E.J., live in Wilmington, Del., and have two daughters, Ellie and Paige.

'00

Seth W. Meskin writes that he and his wife, Danielle, are enjoying life in Fairfield, Conn., with their daughters, Crystal and Sophie.

'02

Scott J. Engel and his wife, Kelly, are proud to announce the birth of their daughter, Marli Quinn, on Feb. 11. Engel practices at the Sarasota Plastic Surgery Center near their home in Florida.

'04

Andrew S. Bilinski is on active duty as a U.S. Army physician. His permanent home is in Philadelphia.

'06

Louis S. Sussman lives in West Lebanon, N.H., with his wife and two daughters. He works as a hospitalist at Mount Ascutney Hospital in Windsor, Vt.

Post-Graduate

'82

Miguel DeLeon is chief of general surgery and chairman of the Performance Improvement Committee with Virtua Health System's West Jersey Division. He lives in Cherry Hill, N.J.

'98

Joseph P. Falcone was recently appointed chairman of the Department of Orthopedic Surgery at Sisters of Charity Hospital and St. Joseph Hospital's campus in Buffalo, N.Y.



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For more information, please contact Jennifer Welsh at the Jefferson Foundation at **1-877-JEFF-GIFT** (toll free) or **215-955-9446** (local).

InMemoriam

'38

Jacob S. Wiener, 94, of Philadelphia, died May 30. His wife, Rose, preceded him in death. He is survived by a daughter and a son.

Ralph B. Vance, 97, of Salem, Ohio, died Aug. 12. Vance established a general practice in Salem, where he was the sole physician provider of home births. He was a dedicated physician for more than 50 years, providing services regardless of a patient's ability to pay. He is survived by four daughters, one son and two stepsons.

'39

Louis Leventhal, 95, of Long Beach, Calif., died Oct. 6.

'43

David E. Schlosser, of Mount Joy, Pa., died Oct. 26.

'44

Carol Henry "Bus" Konhaus, 90, died May 21 in his home at the Green Ridge Village Retirement Community in Newville, Pa. Konhaus served in World War II as a U.S. Army physician. He returned to practice surgery in Harrisburg, Pa., serving as chief of surgery and chairman of the Department of Surgery at the Harrisburg and Holy Spirit hospitals. In later years, he practiced in Millersburg, Pa., at the Frederick Health Center. Konhaus is survived by his wife of 64 years, Frances, and four children.

John G. Oliver, of Allentown, Pa., died Oct. 11. After graduating from JMC, he pursued an internship at Delaware Hospital in Wilmington until called into active duty with the U.S. Army Medical Corps. In January 1947, he began his residency at Reading Hospital and then opened his family practice in Pen Argyl, Pa. Oliver served as president of the Northampton County Medical Society in 1959. In 1981, he helped establish the Slate Belt Medical Center in Bangor, Pa., where he served as medical director. He

is survived by his wife of 66 years, Susan, one daughter and two sons.

Maxwell Wensel Steel, 90, died Sept. 1 in Falcons Landing, Va., after a long illness. He was born in Huntingdon, Pa., and received his bachelor's degree from Haverford College. While attending Jefferson, Steel entered military medicine as a lieutenant in the U.S. Army Reserves Medical Corps. He began active duty that same year and served in the Army's orthopaedic and neurosurgical services during World War II. Steel then pursued post-graduate studies in internal medicine at the University of Pennsylvania. In 1971, he received his second star as a major general and on Sept. 1, 1972, he was named deputy surgeon general of the U.S. Air Force. He is survived by two daughters and four sons.

'45

Frank J. Bicknell, 88, died in Naples, Fla., Dec. 4. He served in the U.S. Navy during World War II and in the U.S. Air Force during the Korean War. He spent 40 years as a pathologist in Chicago and was a fellow of the American College of Pathologists. Over the past 23 years, he enjoyed retirement in southwest Florida. He is survived by his wife of 63 years, Pat, two sons, one daughter, three grandchildren and one great-grandchild.

Avery McMurry, 87, died Aug. 12. After graduating from Jefferson, he completed an internship and five years of surgical residency at Pennsylvania Hospital. He then went into general practice for 44 years, serving as chief of surgery and chief of staff at Cleveland Regional Medical Center as well as president of the local medical society. McMurry was the pioneer of the medical center's cancer program and served as its chairman for 25 years. For 18 years, he also directed the organization's continuing medical education program. He is survived by three sons and one daughter.

'46

Walter Vincent Matteucci, 87, a retired internist and allergist, died Nov. 6 after a heart attack at Chestnut Hill Hospital in Pennsylvania, where he worked for 33 years. Raised in South Philadelphia, Matteucci graduated from Central High School and St. Joseph's University. After leaving JMC in 1946, he served in the U.S. Army in occupied Germany. He later completed an internship at Philadelphia General Hospital and a fellowship in infectious diseases at the University of Pennsylvania. His research in the then-new field of antibiotic therapy was published in the *Journal of Medicine*. While at Penn, he moonlighted at Doctors Hospital and met a nurse, Anna Marie Barry, whom he married in 1949. In 1955, Matteucci joined the staff of Chestnut Hill Hospital. After retiring in 1988, he and his wife enjoyed travel, including two trips to the Lakota Reservation in Rosebud, S.D., where he assisted at a medical clinic. Matteucci is survived by his wife, a daughter and two granddaughters. Another daughter died in 2002.

'47

Edgar C. Hanks, of Pompton Plains, N.J., died Aug. 21, two days before his 88th birthday. Hanks served as professor emeritus of clinical anesthesiology at Columbia University's College of Physicians and Surgeons and was an attending anesthesiologist at Columbia Presbyterian Medical Center until his retirement in 1986. He is survived by his wife, Audrey, a daughter, three grandsons and two great-grandsons.

'48

John L. McCormack, of Kirkland, Wash., died Sept. 8. McCormack was born in Lewiston, Idaho, and attended Whitman College and the University of Idaho. He practiced medicine in Seattle, specializing in urology from 1948 until his retirement in 1989. McCormack

was chief of staff and a member of the board of trustees at Swedish Medical Center in Seattle and served as president and board member of the Northwest Kidney Center. He served in the Idaho National Guard in World War II and in a Mobile Army Surgical Hospital unit during the Korean War. He was a member of St. Thomas Church and the Overlake Golf and Country Club in Medina, Wash. McCormack is survived by his wife, Pauline, one son and one daughter.

'49

Koon T. Ma, of Las Vegas, died Dec. 7 after suffering a stroke. Ma is survived by his wife, Gaelie.

'50

Harry B. Bechtel, 86, of Valdosta, Ga., died unexpectedly July 10. Bechtel was in general practice in Johnstown, Pa., before pursuing a residency in dermatology at Indiana University School of Medicine in Indianapolis. He was in private practice in Valdosta until his retirement in 1977. Bechtel published a book and numerous articles about snake genetics. He is survived by his wife, Beth.

Ralph Cantafio, 84, of Wayne, Pa., died in January 2009 at Paoli Hospital in Paoli, Pa. He was a graduate of South Philadelphia High School and Ursinus College and attended the Pennsylvania Military Academy. After serving as a resident and commissioned officer at the Philadelphia Naval Hospital, Cantafio opened a private practice in Berwyn, Pa. He was instrumental in establishing Paoli Hospital and was a member of the hospital's first staff. In 1977, after moving to La Jolla, Calif., Cantafio was appointed head of the occupation medical department at Balboa Hospital in San Diego, where he was a pioneer in employee health services for the U.S. Navy. After spending some time in California and, later, North Carolina, he

and his wife, Marie, retired and returned to the Main Line to be closer to family. He is survived by Marie, a son and a daughter.

'51

Philip J. Escoll, 81, died in June of complications from Alzheimer's disease in Haverford, Pa. A former psychoanalyst at the University of Pennsylvania School of Medicine, Escoll helped establish the psychiatric clinic for older adolescents at the Hospital of the University of Pennsylvania. Escoll was a training and supervising analyst at the Philadelphia Center for Psychoanalysis. In 1985, he received an excellence in teaching award from the residents at Penn's medical school, and in 1998, he received the Philadelphia Psychiatry Society Practitioner of the Year Award. He retired in 2003. He is survived by his wife of 55 years, Audrey, two sons and a daughter.

'52

William J. Duhigg, 82, of Avon, Ohio, died unexpectedly April 20. Duhigg practiced neurology for 40 years at St. Vincent Charity Hospital, where he served as director of neurology from 1975 to 1982. He was a 52-year member and past president of the Cleveland Sierra Club; president of the Catholic Ministry of Health Care Professionals; a founding member and former chairman of the Help Foundation Inc.; a past board member and chairman of Borromeo College of Ohio; a member of the Cleveland Diocese Interfaith Commission; and a member of the board of trustees for the Cleveland Ecumenical Institute for Religious Studies. He is survived by his wife, Mary; his daughter, Catherine; his son, William Jr.; and one grandson.

'53

John M. Levinson, 82, died Oct. 4. He was a practicing physician and very active in his Rockland, Del., community for nearly 60 years. Levinson will be remembered for his medical and humanitarian work around the world, most notably for his efforts with wartime refugees and civilians in Southeast Asia, Afghanistan and Nicaragua. He taught surgery at the University of Saigon and established Volunteer Physicians in Vietnam, an organization through which physicians travel to Vietnam to provide free services in provincial hospitals. JMC recognized his work by naming him an honorary professor of obstetrics and gynecology. Levinson is survived by his wife of 54 years, one daughter and two sons.

'54

Clyde E. Harriger, 80, of Johnstown, Pa., died Oct. 19. Harriger completed his internship in family practice at Conemaugh Valley Memorial Hospital and maintained a private practice from 1957 until his retirement in 2000. He served as a captain in the U.S. Air Force as a flight surgeon from 1955 to 1957. He was team physician for Richland School District from 1967 to 1984 and for the Johnstown Jets from 1960 to 1968. Harriger had teaching appointments at Temple University School of Medicine, Hershey Medical School and at Conemaugh, Mercy and Lee hospitals in Johnstown. He was a certified lay minister and member of Mount Calvary Lutheran Church. Most recently, Harriger volunteered at the Johnstown Free Medical Clinic, which provides free care to uninsured patients. Harriger is survived by his wife of 54 years, Kathleen, one daughter, three sons and eight grandchildren.

'55

I. Samuel Lape, 79, of Marco Island, Fla., died July 14. He was an obstetrician and gynecologist who

started the first OB/GYN practice in Lebanon County, Pa. A U.S. Navy veteran, he spent 18 months in Okinawa, Japan, with the 3rd Marine Division, Fleet Marine Force and fulfilled the remainder of his duty at Moffett Field Naval Station near San Francisco. He is survived by his wife of 51 years, Dorothy, three daughters and one son.

'56

Frank E. Mele, 79, of Villanova, Pa., died Aug. 13. He is survived by his wife, Margaret, two sons and two daughters.

'57

Donald P. Elliott, of Denver, died in his sleep Sept. 25. He is survived by his children, Cynthia and Thomas; his granddaughter, Jessica; and his brother, Jerry. He was preceded in death by his daughter, Julia, his parents and two brothers.

'59

Joseph J. Scarana, 76, of Ocean City, N.J., died Oct. 29. Scarana was an attending pathologist at Shore Memorial Hospital in Somers Point, N.J., for 36 years and was an avid gardener and jazz musician. He is survived by his wife, Gloria; his brother, Victor; six children; and nine grandchildren.

'62

Raphael I. M. Price, of Southampton, Pa., died Aug. 3. He practiced family medicine in Fox Chase, Pa., and was a plastic surgeon at Germantown Hospital. Price was the first deaf student in the United States to attend medical school. He completed his residency at Columbia Presbyterian Hospital in New York. He is survived by his wife, Estelle.

Willis "Bill" Wardner Willard III, 73, of Carlisle, Pa., died Nov. 27 at home. Willard served as a lieutenant in the U.S. Navy Medical Corps during the Vietnam War and

later as a major in the U.S. Army Reserves Medical Corps. He taught family and community medicine for 14 years at the Milton S. Hershey Medical Center at Pennsylvania State University. From 1982 to 1993, he was an emergency room staff physician at Carlisle Hospital. He then worked as a family physician from 1993 to 2000 and was a clinical assistant professor of family and community medicine at Hershey Medical Center from 1994 to 1999. He retired from the Dunham Army Clinic, Carlisle Barracks, in 2005. He is survived by his wife of 30 years, Bernadine, one son, two daughters, four stepsons, one stepdaughter, one brother, five grandchildren and 12 step-grandchildren.

'65

Louis H. Mutschler, 69, of Lincoln, Mass., died July 6. Mutschler worked for more than 25 years at Emerson Hospital in Concord, Mass., and was the director of the hospital's psychiatric services department for 15 years until retiring in 2000. He is survived by his wife of 48 years, one daughter and two sons.

'67

William M. Dellevigne, 67, of Malvern, Pa., died from cancer Oct. 15 in Germany. Born in Darby, Pa., Dellevigne graduated from Monsignor Bonner High School in 1959 and from St. Francis University in 1963. He completed his internship at the Medical College of South Carolina in Charleston and his residency at Hahnemann University Hospital in Philadelphia. He worked as a surgeon at Chester County Hospital for almost 30 years and spent several years as the medical director of the Wound Healing Center at Paoli Hospital in Paoli, Pa. He loved golf and watching Philadelphia Phillies baseball. Dellevigne is survived by his wife, Ann; his son, Paul; his daughter, Elizabeth; and two grandchildren, Lilith and Jacob.

'68

Philip Edward Donahue, 67, of Oak Park, Ill., died Oct. 10. Donahue served in the U.S. Army Medical Corps and received a Bronze Star for his service during the Vietnam War. He completed his surgical residency and a fellowship in surgical gastroenterology at the University of Illinois in Chicago. Donahue performed highly selective vagotomy operations for peptic ulcer disease and helped to develop the "floppy Nissen Fundoplication" procedure to cure gastro-esophageal reflux disease without incurring common postoperative side effects. He published more than 200 articles and book chapters devoted to the medical study of the gastrointestinal tract. Donahue was a past president of the Chicago Surgical Society and the Illinois

Surgical Society. At the time of his death, he was chairman of the department of general surgery at Cook County Hospital in Chicago. He was a professor emeritus at the University of Illinois College of Medicine. Donahue is survived by his wife, Susan, two daughters, one son, two grandchildren and four brothers.

'82

Mitchell Rivitz, of Brookline, Mass., died June 11 at Massachusetts General Hospital. Rivitz was chief of intervention radiology at the Newton-Wellesley Hospital in Newtown, Mass. Born in Philadelphia, he graduated from Cornell University in 1978. He trained at Massachusetts General Hospital. Rivitz was an avid hockey

player and a participant in the New England Hockey League; he also coached youth soccer in his community. He is survived by his wife, Betsy, and two sons.

'07

Adam James Daniel, 28, of Danville, Pa., died Nov. 17. Daniel earned a bachelor's degree in cell biology and molecular genetics from the University of Maryland in 2003. At Jefferson, he was a member of Phi Alpha Sigma. At the time of his death, he was training to become a radiologist at Geisinger Medical Center in Danville, Pa. Daniel loved rock climbing and scuba diving. He is survived by his wife, Stephanie; his parents, James and Lisbeth; one brother; and one sister.



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By THE Numbers

World Health Day 2010

The World Health Organization marked World Health Day 2010 on April 7 with a focus on global urbanization and urban health. Urban poor suffer disproportionately from a range of health problems, including an increased risk for violence and chronic disease. Here are figures provided by WHO, the World Bank and USAID.

- Global population living in cities in the year 1800: **2 percent**
- Global population living in cities in 1950: **30 percent**
- Global population living in cities today: **50 percent**
- Number of people moving into cities each day: **180,000**
- Number of city dwellers worldwide: **3 billion**
- Number of city dwellers living in slums: **1 billion**
- Urban population growth over the next two decades in developing countries: **90 percent**
- Worldwide urban slums located in Asia: **60 percent**
- Mortality rate of children younger than 5 in urbanized Asia: **120 per 1,000**
- Mortality rate of children younger than 5 in urbanized industrialized countries: **5 per 1,000**
- Urban sewage in developing countries dumped untreated into rivers, lakes and coastal waters: **90 percent**
- Number of urban dwellers breathing unhealthy levels of air pollution: **1.5 million**
- Number of people annually injured in urban traffic accidents in developing countries: **5 million**



Alumni Weekend '10

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HIGHLIGHTS THIS YEAR:

- Alumni reception and dinner at the National Constitution Center, America's most interactive history museum
- "Taste of Philadelphia" luncheon hosted by Jefferson's dean, Mark L. Tykocinski, MD
- Reunion class dinners at the Doubletree Hotel
- Discounted overnight hotel rates at three area locations:
 - Doubletree Hotel 215-893-1600
 - Union League 215-563-6500
 - Holiday Inn Express 215-735-9300
- 7th Annual Alumni Weekend CME Symposium
Friday, Oct. 8. For more information please call
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